DEERS/Medical IOD Appendix F

Business Rules

Distribution authorized to U.S. Government Agencies and their contractors for the purpose of administering TRICARE (12/12/2000). Other requests for this document shall be referred to the Defense Manpower Data Center.

Sheet	Business Event
A	General Health Care Coverage Inquiry
B	Health Care Coverage Inquiry for MTFs
C	Eligibility for Enrollment Inquiry
D	Enrollment Into Health Benefit Program
E	Addition of a Newborn Beneficiary to DEERS from Enrolling Organization
F	Addition of a Newborn Beneficiary to DEERS from MTF
G	Re-Enrollment Into Health Benefit Program
H	Disenrollment
I	Modification of Health Benefit Program Enrollment (PCM Change)
J	Modification of Health Benefit Program Enrollment (PCM Cancellation and Transfer Cancellation)
K	Modification of Health Benefit Program Enrollment (Transfer)
L	Enrollment Period Change for an Individual
M	Enrollment Period Change for a Family
N	Enrollment End Reason Code Change
O	Enrollment/Disenrollment Cancellation
P	Enrollment Fee Payment
Q	Enrollment Fee Payment Transaction History Request
R	Enrollment Fee Waiver Update for an Individual
S	Beneficiary Update
T	Patient Add
U	Patient Update
V	Health Care Coverage Inquiry for CC/D Activity
W	CC/D Totals Inquiry
X	CC/D Amounts Update
Y	CC/D Transaction History Request
Z	Nonavailability Statement (NAS) Inquiry
AA	NAS Issuance
AB	NAS Cancellation
AC	OHI Policy Inquiry
AD	OHI Policy Add
AE	OHI Policy Update
AF	OHI Policy Cancellation
AG	SIT Inquiry
AH	SIT Add
AI	SIT Update
AJ	SIT Cancellation

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	Coverage Inquiry	
1.	Person/Family Transaction Type Code	R
2.	Inquiry Person Type Code	S
3.	Inquiry Person Identifier	R
4.	Inquiry Person Identifier Type Code	R
5.	Person Last Name	O
6.	Person Birth Calendar Date	O
7.	HCDP Type Code	R
8.	Health Care Coverage Inquiry Period Begin Calendar Date	R
9.	Health Care Coverage Inquiry Period End Calendar Date	R
	Coverage Inquiry Response	
	Sponsor Information:	
	DEERS Identifier	
	Person Identifier	
	Person Identifier Type Code	
	Person Last Name	
	Person First Name	
	Person Middle Name	
	Person Cadency Name	
	Person Birth Calendar Date	
	Person Sex Code	
	Person Death Calendar Date	
	Family Member Information:	
	DEERS Identifier	
	Person Identifier	

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	Person Identifier Type Code	
	Person Last Name	
	Person First Name	
	Person Middle Name	
	Person Cadency Name	
	Person Birth Calendar Date	
	Person Sex Code	
	Mailing Address Type Code	
	Mailing Address Effective Calendar Date	
	Mailing Address Line 1 Text	
	Mailing Address Line 2 Text	
	Mailing Address City Name	
	Mailing Address US Postal Region State Code	
	Mailing Address US Postal Region ZIP Code	
	Mailing Address US Postal Region ZIP Extension Code	
	Mailing Address Country Code	
	Home Telephone Number Code	
	Work Telephone Number Code	
	Fax Telephone Number Code	
	Health Care Coverage Information:	
	HCDP Type Code	
	HCDP Plan Coverage Code	
	Health Care Coverage Enrollment Status Code	
	Health Care Coverage Begin Calendar Date	
	Health Care Coverage End Calendar Date	
	Health Care Coverage End Reason Code	
	Health Care Coverage Copayment Factor Code	
	Health Care Coverage Special Entitlement Code (exemptions)	
	Health Care Coverage Service Branch Classification Code	
	Health Care Coverage Member Category Code	
	Health Care Coverage Member Relationship Code	

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	Health Care Coverage Pay Plan Code	
	Health Care Coverage Pay Grade Code	
	PCM Information:	
	HCDP Plan Coverage Code	
	PCM Region Code	
	PCM Enrolling Division DMIS Identifier	
	PCM Network Provider Type Code	
	PCM Identifier	
	PCM Identifier Type Code	
	PCM Name	
	PCM Telephone Number Code	
	PCM Mailing Address US Postal Region ZIP Code	
	PCM Mailing Address US Postal Region ZIP Extension Code	
	PCM Mailing Address Country Code	
	PCM Selection Begin Calendar Date	
	PCM Selection End Calendar Date	
	PCM Selection End Reason Code	
	OHI Information:	
	Health Insurance Carrier Identifier	
	Health Insurance Carrier Identifier Type Code	
	OHI Policy Identifier	
	OHI Effective Calendar Date	
	OHI Expiration Calendar Date	
	OHI Status Code	
	OHI Transaction Calendar Date	
	OHI Transaction System Name	
	OHI Medical Coverage Indicator Code	
	OHI Dental Coverage Indicator Code	
	OHI Inpatient Hospital Coverage Indicator Code	
	OHI Outpatient Hospital Coverage Indicator Code	
	OHI Long Term Care Coverage Indicator Code	
	OHI Pharmacy Coverage Indicator Code	
	OHI Mental Health Coverage Indicator Code	
	OHI Vision Coverage Indicator Code	
	OHI Partial Hospitilization Coverage Indicator Code	
	OHI Skilled Nursing Care Coverage Indicator Code	
	OGP Information:	
	OGP Type Code	
	OGP Begin Reason Code	
	OGP Effective Calendar Date	
	OGP Expiration Calendar Date	
	NAS Information:	
	NAS Identifier	
	NAS Issuing Military Treatment Facility DMIS Identifier	
	NAS Issue Calendar Date	

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	NAS Cancel Calendar Date	

Business Rules	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
"P" for person/"F" for family. If value is blank, DEERS will default to "P."	D
Required if a family inquiry is selected. Identifies whose Id is being submitted, sponsor or family member.	D
	D
Acceptable values are SSN, TIN, FIN, and DEERS Id.	D
Optional, but recommended to insure correct person identification if n[ot] using DEERS Id.	M, D
Optional, but recommended to insure correct person identification if n[ot] using DEERS Id.	M.D
Date must be prior or equal to the current date.	D
M=Health Care	D
A. Inquiry period may be a date range or single date where begin date equals the end date. B. Not more than 3 years past loss of eligibility.	D
Must be >= inquiry begin date.	D
If a coverage inquiry for claims is requested for a family member, both sponsor and family member person information is returned.	
This information will repeat for each person included in the response. For example, in a family inquiry, this information would repeat for the sponsor and all associated family members. In a person inquiry (e.g.,spouse), only the spouse's information would appear in this section.	

Business Rules	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
This info will repeat for each coverage period for each person included in the response. If not enrolled in any plan, then the following data will be shown: HCDP Type Code, HCDP Plan Coverage Code, Health Care Coverage Begin and End Calendar Dates, and Health Care Coverage End Reason Code.	

Business Rules	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
only for civilian PCMs	
only for civilian PCMs	
only for civilian PCMs	
Shows all OHI in effect for inquiry period, if any.	
Shows all OGP in effect for inquiry period, if any.	
Shows all NAS issued and cancelled during inquiry period, if any.	

Business Rules	Who Enforces the Rules M=MCSC C=CHCS D=DEERS

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	Coverage Inquiry for MTF	
1.	Person/Family Transaction Type Code	R
2.	Inquiry Person Type Code	S
3.	Inquiry Person Identifier	R
4.	Inquiry Person Identifier Type Code	R
5.	Person Last Name	O
6.	Person Birth Calendar Date	O
7.	HCDP Type Code	R
8.	Health Care Coverage Inquiry Period Begin Calendar Date	R
9.	Health Care Coverage Inquiry Period End Calendar Date	R
	Coverage Inquiry for MTF Response	
	Sponsor Information:	
	Patient Identifier	
	Person Identifier	
	Person Identifier Type Code	
	Person Last Name	
	Person First Name	
	Person Middle Name	
	Person Cadency Name	
	Person Birth Calendar Date	
	Person Sex Code	
	Person Death Calendar Date	
	Personnel Category Code	
	Service Branch Classification Code	
	Pay Plan Code	
	Pay Grade Code	
	Pay Grade Calendar Date	
	Rank Code	
	Unit Identification Code	
	Unit Location US Postal Region ZIP Code	
	Unit Location US Postal Region ZIP Extension Code	
	Unit Location Country Code	
	Patient Information:	
	Patient Identifier	

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	Person Identifier	
	Person Identifier Type Code	
	Person Last Name	
	Person First Name	
	Person Middle Name	
	Person Cadency Name	
	Person Birth Calendar Date	
	Person Sex Code	
	Person Association Reason Code	
	Person Association Begin Calendar Date	
	Person Association End Calendar Date	
	Mailing Address Type Code	
	Mailing Address Effective Calendar Date	
	Mailing Address Line 1 Text	
	Mailing Address Line 2 Text	
	Mailing Address City Name	
	Mailing Address US Postal Region State Code	
	Mailing Address US Postal Region ZIP Code	
	Mailing Address US Postal Region ZIP Extension Code	
	Mailing Address Country Code	
	Home Telephone Number Code	
	Work Telephone Number Code	
	Fax Telephone Number Code	
	Person Death Calendar Date	
	Organ Donor Code	
	Organ Donor Calendar Date	
	Blood Type Code	
	Blood Type Source Code	
	Health Care Coverage Information:	
	HCDP Type Code	
	HCDP Plan Coverage Code	
	Health Care Coverage Enrollment Status Code	
	Health Care Coverage Begin Calendar Date	
	Health Care Coverage End Calendar Date	
	Health Care Coverage End Reason Code	
	Health Care Coverage Copayment Factor Code	
	Health Care Coverage Special Entitlement Code (exemptions)	
	Health Care Coverage Service Branch Classification Code	
	Health Care Coverage Member Category Code	
	Health Care Coverage Member Relationship Code	
	Health Care Coverage Pay Plan Code	
	Health Care Coverage Pay Grade Code	
	PCM Information:	
	HCDP Plan Coverage Code	
	PCM Region Code	
	PCM Enrolling Division DMIS Identifier	
	PCM Network Provider Type Code	

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	PCM Identifier	
	PCM Identifier Type Code	
	PCM Name	
	PCM Telephone Number Code	
	PCM Mailing Address US Postal Region ZIP Code	
	PCM Mailing Address US Postal Region ZIP Extension Code	
	PCM Mailing Address Country Code	
	PCM Selection Begin Calendar Date	
	PCM Selection End Calendar Date	
	PCM Selection End Reason Code	
	OHI	
	Health Insurance Carrier Identifier	
	Health Insurance Carrier Identifier Type Code	
	OHI Policy Identifier	
	OHI Effective Calendar Date	
	OHI Expiration Calendar Date	
	OHI Status Code	
	OHI Transaction Calendar Date	
	OHI Transaction System Name	
	OHI Medical Coverage Indicator Code	
	OHI Dental Coverage Indicator Code	
	OHI Inpatient Hospital Coverage Indicator Code	
	OHI Outpatient Hospital Coverage Indicator Code	
	OHI Long Term Care Coverage Indicator Code	
	OHI Pharmacy Coverage Indicator Code	
	OHI Mental Health Coverage Indicator Code	
	OHI Vision Coverage Indicator Code	
	OHI Partial Hospitalization Coverage Indicator Code	
	OHI Skilled Nursing Care Coverage Indicator Code	
	OGP	
	OGP Type Code	
	OGP Begin Reason Code	
	OGP Effective Calendar Date	
	OGP Expiration Calendar Date	
	NAS Info:	
	NAS Identifier	
	NAS Issuing Military Treatment Facility DMIS Identifier	
	NAS Issue Calendar Date	
	NAS Cancel Calendar Date	

Business Rules	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
The Coverage Inquiry for MTF is based on a date range used for:	
1. Current coverage, based on a current date of inquiry.	
2. Future coverage (up to six months from the date of inquiry)	
3. Past coverage, for a specified date or period in the past.	
4. A date range can be for a single date where the begin date=end date.	
Both person and family inquiries may be made.	
"P" for person/"F" for family. If value is blank, DEERS will default to "P."	D
Required if a family inquiry is selected. Identifies whose Id is being submitted, sponsor or family member.	D
	D
Acceptable values are SSN, TIN, FIN, and Patient Id.	D
Optional, but recommended to insure correct person identification if not using Patient Id.	C,D
A. Optional, but recommended to insure correct person identification if not using Patient Id. B. Must be prior to or equal to current date.	C,D
M=Health Care	D
A. Inquiry period may be a date range or single date where begin date equals the end date. B. Not more than 3 years past loss of eligibility.	D
Must be >= inquiry begin date	D
If a coverage inquiry is requested for a family member, both sponsor and patient information is returned, including personnel information about the sponsor.	
Can be sponsor or other family member.	

Business Rules	Who Enforces the Rules M=MCSC C=CHCS D=DEERS

Business Rules	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
Returned if this coverage is provided by this OHI policy	
Returned if this coverage is provided by this OHI policy	
Returned if this coverage is provided by this OHI policy	
Returned if this coverage is provided by this OHI policy	
Returned if this coverage is provided by this OHI policy	
Returned if this coverage is provided by this OHI policy	
Returned if this coverage is provided by this OHI policy	
Returned if this coverage is provided by this OHI policy	
Returned if this coverage is provided by this OHI policy	
Returned if this coverage is provided by this OHI policy	
Shows all NASs issued and canceled during inquiry period (if any)	

	Event and Data Flow	Data Type 0=Optional R=Required S=Situational
	Eligibility for Enrollment Inquiry	
1.	Person/Family Transaction Type Code	R
2.	Inquiry Person Type Code	S
3.	Inquiry Person Identifier	R
4.	Inquiry Person Identifier Type Code	R
5.	Person Last Name	O
6.	Person Birth Calendar Date	O
7.	HCDP Code	R
8.	HCDP Eligibility Inquiry Point-in-Time Calendar Date	R
	Eligibility for Enrollment Inquiry Response	
	Sponsor/Subscriber Information	
	DEERS Identifier	
	Person Identifier	
	Person Identifier Type Code	
	Personnel Category Code	
	Service Branch Classification Code	
	Pay Plan Code	
	Pay Grade Code	
	Pay Grade Calendar Date	
	Rank Code	
	Person Death Calendar Date	
	Unit Identification Code	

	Event and Data Flow	Data Type 0=Optional R=Required S=Situational
	Unit Location US Postal Region ZIP Code	
	Unit Location US Postal Region ZIP Extension Code	
	Unit Location Country Code	
	Person Last Name	
	Person First Name	
	Person Middle Name	
	Person Cadency Name	
	Person Birth Calendar Date	
	Person Sex Code	
	Mailing Address Type Code	
	Mailing Address Effective Calendar Date	
	Mailing Address Line 1 Text	
	Mailing Address Line 2 Text	
	Mailing Address City Name	
	Mailing Address US Postal Region State Code	
	Mailing Address US Postal Region ZIP Code	
	Mailing Address US Postal Region ZIP Extension Code	
	Mailing Address Country Code	
	Home Telephone Number Code	
	Work Telephone Number Code	
	Fax Telephone Number Code	
	Coverage Plan Enrollment Information:	
	HCDP Plan Coverage Code	
	HCDP Enrollment Fee Payment Calendar Date	
	HCDP Enrollment Fee Payment Paid-Through Calendar Date	
	HCDP Enrollment Fee Payment Plan Type Code	
	HCDP Enrollment Year Fee Cummulative Amount	
	HCDP Policy Enrollment Period Begin Calendar Date	
	Family Fiscal Year Catastrophic Cap Accumulation Information:	
	HCDP Code	
	Family Fiscal Year Catastrophic Cap Cumulative Amount	
	HCDP Policy Fiscal Year Calendar Date	
	Family Enrollment Year Catastrophic Cap Accumulation Information:	
	HCDP Code	
	Family Enrollment Year Catastrophic Cap Cumulative Amount	
	Catastrophic Cap/Deductible Enrollment Period Begin Calendar Date	

	Event and Data Flow	Data Type 0=Optional R=Required S=Situational
	Family Member/Insured Information	
	DEERS Identifier	
	Person Identifier	
	Person Identifier Type Code	
	Person Last Name	
	Person First Name	
	Person Middle Name	
	Person Cadency Name	
	Person Birth Calendar Date	
	Person Sex Code	
	Person Association Reason Code	
	Person Association Begin Calendar Date	
	Person Association End Calendar Date	
	Mailing Address Type Code	
	Mailing Address Effective Calendar Date	
	Mailing Address Line 1 Text	
	Mailing Address Line 2 Text	
	Mailing Address City Name	
	Mailing Address US Postal Region State Code	
	Mailing Address US Postal Region ZIP Code	
	Mailing Address US Postal Region ZIP Extension Code	
	Mailing Address Country Code	
	Home Telephone Number Code	
	Work Telephone Number Code	
	Fax Telephone Number Code	
	HCDP Information:	
	HCDP Type Code	
	HCDP Code	
	HCDP Plan Coverage Code	
	HCDP Plan Status Code	
	HCDP Begin Calendar Date	
	HCDP End Calendar Date	
	HCDP End Reason Code	
	Enrollment Information:	
	HCDP Enrollment Begin Calendar Date	
	HCDP Enrollment End Calendar Date	
	HCDP Enrollment End Reason Code	
	HCDP Individual Enrollment Fee Waiver Reason Code	
	PCM Information:	
	HCDP Plan Coverage Code	
	PCM Region Code	
	PCM Enrolling Division DMIS Identifier	
	PCM Network Provider Type Code	
	PCM Identifier	
	PCM Identifier Type Code	

	Event and Data Flow	Data Type 0=Optional R=Required S=Situational
	PCM Name	
	PCM Telephone Number Code	
	PCM Mailing Address US Postal Region ZIP Code	
	PCM Mailing Address US Postal Region ZIP Extension Code	
	PCM Mailing Address Country Code	
	PCM Selection Begin Calendar Date	
	PCM Selection End Calendar Date	
	PCM Selection End Reason Code	
	OHI	
	Health Insurance Carrier Identifier	
	Health Insurance Carrier Identifier Type Code	
	OHI Policy Identifier	
	OHI Effective Calendar Date	
	OHI Expiration Calendar Date	
	OHI Status Code	
	OHI Transaction Calendar Date	
	OHI Transaction System Name	
	OHI Medical Coverage Indicator Code	
	OHI Dental Coverage Indicator Code	
	OHI Inpatient Coverage Indicator Code	
	OHI Outpatient Coverage Indicator Code	
	OHI Long Term Care Coverage Indicator Code	
	OHI Pharmacy Coverage Indicator Code	
	OHI Mental Health Coverage Indicator Code	
	OHI Vision Coverage Indicator Code	
	OHI Partial Hosptitilization Coverage Indicator Code	
	OHI Skilled Nursing Care Coverage Indicator Code	
	OGP	
	OGP Type Code	
	OGP Begin Reason Code	
	OGP Effective Calendar Date	
	OGP Expiration Calendar Date	

Business Rules	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
This inquiry is used for Eligibility for Enrollment only.	
Both person and family eligibility inquiries may be made	
Eligibility for Enrollment inquiries will show the current health care program information for the inquiry date.	
If an enrollment exists in the last annual year, enrollment information will be returned in the Eligibility for Enrollment Inquiry response. If an enrollment does not exist within the last annual year, then the assigned coverage information will be returned as part of an Eligibility for Enrollment inquiry.	
If the beneficiary is eligible to enroll in other coverage plans for the HCDP requested, all appropriate coverage plans and dates of eligibility will be returned by DEERS.	
"P" for person/"F" for family. If value is blank, DEERS will default to "P."	D
Required if a family inquiry is selected. Identifies whose Id is being submitted, sponsor family member.	D
	D
Acceptable values are SSN, TIN, FIN, and DEERS Id.	D
Optional, but recommended to insure correct person identification if not using DEERS Id.	M,D
Optional, but recommended to insure correct person identification if not using DEERS Id.	M,D
Date must be prior or equal to the current date.	D
Specifies the health care delivery program (e.g. Prime, USFHP) for which eligibility is being requested.	M,D
May be current date, up to 90 days in the future, or 60 days prior to current date (for retroactive enrollments), except for newborns who may be enrolled back to the date of birth.	D
If an eligibility inquiry is requested for a family member, both sponsor and family member person information is returned, including personnel information about the sponsor.	

Business Rules	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
This information will only be sent if the DEERS assigned coverage plan allows enrollme in a coverage plan that requires a fee payment.	

Business Rules	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
M=Health Care	
dependent on health coverage plan	
dependent on health coverage plan	

Business Rules	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
dependent on health coverage plan	
dependent on health coverage plan	
only for civilian PCMs	
only for civilian PCMs	
only for civilian PCMs	
dependent on health coverage plan	
dependent on health coverage plan	
dependent on health coverage plan	

	Event and Data Flow	Data Type
		0=Optional, R=Required, S= Situational,B=Subscriber, I=Insured
		(DC=Direct Care, CV=Civilian, UP=USFHP)

	Event and Data Flow	Data Type 0=Optional, R=Required, S= Situational,B=Subscriber, I=Insured (DC=Direct Care, CV=Civilian, UP=USFHP)										
	Enrollment											
	Enrollment required for these plans:	***TRICARE Prime (including Remote and Senior Prime)***										
		(a) TRICARE Remote for Active Duty Service Members	a									
		(b) TRICARE Remote Individual coverage for Active Duty Family Members		b								
		(c) TRICARE Remote Family coverage for Active Duty Family Members			c							
		(d) TRICARE Prime Individual Coverage for Active Duty Sponsors				d						
		(e) TRICARE Senior Prime Individual Coverage for Retired Sponsors and Family Members					e					
		(f) TRICARE Prime Individual Coverage for Active Duty Family Members						f				
		(g) TRICARE Prime Family Coverage for Active Duty Family Members							g			
		(h) TRICARE Prime for Survivors of Active Duty Deceased Sponsors								h		
		(i) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members									i	
		(j) TRICARE Prime Family Coverage for Retired Sponsors and Family Members										j
		(k) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members										
		(l) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members										
1.	DEERS ID (Subscriber)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S	S
2.	HCDP Enrollment Fee Payment Calendar Date		N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S	S

	Event and Data Flow	Data Type 0=Optional, R=Required, S= Situational,B=Subscriber, I=Insured (DC=Direct Care, CV=Civilian, UP=USFHP)									
3.	HCDP Enrollment Fee Payment Paid-Through Calendar Date	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S	S
4.	HCDP Enrollment Fee Payment Plan Type Code	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S	S
5.	HCDP Enrollment Year Fee Payment Amount	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S	S
6.	HCDP Enrollment Fee Payment Exception Reason Code	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S	S
	Role of Sponsor	*B,I*	*B,I*	*B,I*	*B,I*	*B,I*	*B*	*B*	*B*	*B,I*	*B,I*
7.	DEERS ID (Insured)	R	R	R	R	R	R	R	R	R	R
8.	Medicare Health Insurance Claim Identifier	N/A	N/A	N/A	N/A	R	N/A	N/A	N/A	N/A	N/A
9.	HCDP Enrollment Update Code	Add									
10.	HCDP Type Code	R	R	R	R	R	R	R	R	R	R
11.	HCDP Plan Coverage Code	R	R	R	R	R	R	R	R	R	R
12.	HCDP Enrollment Begin Calendar Date	R	R	R	R	R	R	R	R	R	R
13.	HCDP Enrollment End Calendar Date	R	R	R	R	R	R	R	R	R	R
14.	HCDP Individual Enrollment Fee Waiver Reason Code	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S

	Event and Data Flow	Data Type									
		0=Optional, R=Required, S= Situational, B=Subscriber, I=Insured (DC=Direct Care, CV=Civilian, UP=USFHP)									
15.	PCM Region Code	R	R	R	R	R	R	R	R	R	R
16.	PCM Enrolling Division DMIS Identifier	R	R	R	R	R	R	R	R	R	R
17.	PCM Network Provider Type Code	None DC CV	None DC CV	None DC CV	DC	DC	DC CV	DC CV	DC CV	DC CV	DC CV
18.	PCM Identifier	S	S	S	R	R	S	S	S	S	S
19.	PCM Identifier Type Code	S	S	S	R	R	S	S	S	S	S
20.	PCM Name	S	S	S	R	R	S	S	S	S	S
21.	PCM Telephone Number Code	O	O	O	O	O	O	O	O	O	O
22.	PCM Mailing Address US Postal Region ZIP Code	O	O	O	N/A	N/A	O	O	O	O	O
23.	PCM Mailing Address US Postal Region ZIP Extension Code	O	O	O	N/A	N/A	O	O	O	O	O
24.	PCM Mailing Address Country Code	O	O	O	N/A	N/A	O	O	O	O	O

	Event and Data Flow	Data Type 0=Optional, R=Required, S= Situational,B=Subscriber, I=Insured (DC=Direct Care, CV=Civilian, UP=USFHP)									
	Enrollment										
	Enrollment required for these plans:	***TRICARE Uniformed Services Family Health Plan (USFHP)***									
		(a) TRICARE USFHP Individual Coverage for Active Duty Family Members	*a*								
		(b) TRICARE USFHP Family Coverage for Active Duty Family Members		*b*							
		(c) TRICARE USFHP Individual Coverage for Retired Sponsors and Family Members			*c*						
		(d) TRICARE USFHP Family Coverage for Retired Sponsors and Family Members				*d*					
		(e) TRICARE USFHP Individual Coverage for Transitional Assistance Sponsors and Family Members					*e*				
		(f) TRICARE USFHP Family Coverage for Transitional Assistance Sponsors and Family Members						*f*			
25.	DEERS ID (Subscriber)		N/A	N/A	S	S	N/A	N/A			
26.	HCDP Enrollment Fee Payment Calendar Date		N/A	N/A	S	S	N/A	N/A			
27.	HCDP Enrollment Fee Payment Paid-Through Calendar Date		N/A	N/A	S	S	N/A	N/A			
28.	HCDP Enrollment Fee Payment Plan Type Code		N/A	N/A	S	S	N/A	N/A			
29.	HCDP Enrollment Year Fee Payment Amount		N/A	N/A	S	S	N/A	N/A			
30.	HCDP Enrollment Fee Payment Exception Reason Code		N/A	N/A	S	S	N/A	N/A			
	Role of Sponsor		*B*	*B*	*B,I*	*B,I*	*B,I*	*B,I*			
31.	DEERS ID (Insured)		R	R	R	R	R	R			
32.	Medicare Health Insurance Claim Identifier		N/A	N/A	N/A	N/A	N/A	N/A			
33.	HCDP Enrollment Update Code		Add								
34.	HCDP Type Code		R	R	R	R	R	R			
35.	HCDP Plan Coverage Code		R	R	R	R	R	R			

	Event and Data Flow	Data Type 0=Optional, R=Required, S= Situational,B=Subscriber, I=Insured (DC=Direct Care, CV=Civilian, UP=USFHP)										
36.	HCDP Enrollment Begin Calendar Date		R	R	R	R	R	R				
37.	HCDP Enrollment End Calendar Date		R	R	R	R	R	R				
38.	HCDP Individual Enrollment Fee Waiver Reason Code		N/A	N/A	S	S	N/A	N/A				
39.	PCM Region Code		R	R	R	R	R	R				
40.	PCM Enrolling Division DMIS Identifier		R	R	R	R	R	R				
41.	PCM Network Provider Type Code		UP	UP	UP	UP	UP	UP				
42.	PCM Identifier		R	R	R	R	R	R				
43.	PCM Identifier Type Code		R	R	R	R	R	R				
44.	PCM Name		R	R	R	R	R	R				
45.	PCM Telephone Number Code		O	O	O	O	O	O				
46.	PCM Mailing Address US Postal Region ZIP Code		N/A	N/A	N/A	N/A	N/A	N/A				
47.	PCM Mailing Address US Postal Region ZIP Extension Code		N/A	N/A	N/A	N/A	N/A	N/A				
48.	PCM Mailing Address Country Code		N/A	N/A	N/A	N/A	N/A	N/A				

	Event and Data Flow		Data Type 0=Optional, R=Required, S= Situational,B=Subscriber, I=Insured (DC=Direct Care, CV=Civilian, UP=USFHP)										
	Enrollment													
	Enrollment required for these plans:	**CHCBP**												
		(a) Continued Health Care Benefit Program Individual Coverage	*a*											
		(b) Continued Health Care Benefit Program Family Coverage		*b*										
49.	DEERS ID (Subscriber)		N/A	N/A										
50.	HCDP Enrollment Fee Payment Calendar Date		N/A	N/A										
51.	HCDP Enrollment Fee Payment Paid-Through Calendar Date		N/A	N/A										
52.	HCDP Enrollment Fee Payment Plan Type Code		N/A	N/A										
53.	HCDP Enrollment Year Fee Payment Amount		N/A	N/A										
54.	HCDP Enrollment Fee Payment Exception Reason Code		N/A	N/A										
	Role of Sponsor		*B,I*	*B,I*										
55.	DEERS ID (Insured)		R	R										
56.	Medicare Health Insurance Claim Identifier		N/A	N/A										
57.	HCDP Enrollment Update Code		Add											
58.	HCDP Type Code		R	R										
59.	HCDP Plan Coverage Code		R	R										
60.	HCDP Enrollment Begin Calendar Date		R	R										
61.	HCDP Enrollment End Calendar Date		R	R										
62.	HCDP Individual Enrollment Fee Waiver Reason Code		N/A	N/A										

	Event and Data Flow	Data Type 0=Optional, R=Required, S= Situational,B=Subscriber, I=Insured (DC=Direct Care, CV=Civilian, UP=USFHP)									
63.	PCM Region Code		N/A	N/A							
64.	PCM Enrolling Division DMIS Identifier		N/A	N/A							
65.	PCM Network Provider Type Code		N/A	N/A							
66.	PCM Identifier		N/A	N/A							
67.	PCM Identifier Type Code		N/A	N/A							
68.	PCM Name		N/A	N/A							
69.	PCM Telephone Number Code		N/A	N/A							
70.	PCM Mailing Address US Postal Region ZIP Code		N/A	N/A							
71.	PCM Mailing Address US Postal Region ZIP Extension Code		N/A	N/A							
72.	PCM Mailing Address Country Code		N/A	N/A							

		Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
		Length of enrollment is a 12-month period or less based on eligibility.	D
		Beneficiaries whose Prime enrollment is terminated due to failure to pay enrollment fees when required are disqualified from future enrollment in Prime for a period of 12 months.	M
		Unless dual entitled, a person cannot be enrolled in multiple coverage plans during the same time period.	D
		There cannot be multiple Individual coverage policies of the same plan type for a family (under one subscriber) during the same time period.	D
		A beneficiary must exist in DEERS with an eligible assigned coverage plan before they can be enrolled into a coverage plan.	D
		Enrollees may disenroll when they move without a 12-month lockout period.	M
		Beneficiaries who have not moved and who disenroll from TRICARE Prime before the enrollment anniversary or are disenrolled because of failure to pay enrollment fees shall not be eligible for re-enrollment for 12 months. ***Exception: Retired Sponsors recalled to active duty and their family members.	M
		An enrollment lockout period of 12 months is effective for 12 months if a beneficiary elects to disenroll in TRICARE Prime before their one-year enrollment anniversary date (excludes relocation).	M
		Enrollment fee payments may be waived and DEERS will allow this information to be communicated through the HCDP Individual Enrollment Fee Waiver Reason Code.	M
		A beneficiary can only enroll in a plan for which he/she is eligible, based upon the DEERS response to an Eligibility for Enrollment Inquiry.	M,D
		DEERS builds the PCM list as enrollments are received. If a PCM Id does not exist within a region, DEERS will add it as a new PCM for that region, if the PCM ID does exist within a region on DEERS, DEERS will update information it receives for the PCM.	D
		Enrolling organization will determine if beneificiary should be enrolled in their region.	M

		Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
		DEERS will validate that the PCM Region Identifier is the same as the enrolling system region.	D
		The policy enrollment period begin date (i.e., enrollment anniversary date) is set based on the first person enrolled in the coverage plan and is equal to that person's enrollment begin date.	D
		The TRICARE Senior Prime Demonstration project currently runs from January 1, 1998 to December 31, 2000. Enrollment begin and end dates for this program must fall within this demonstration period.	D
k			
	l		
N/A	N/A	Required if fee payment or fee exception is being sent with the enrollment.	D
N/A	N/A	Required if fee payment or fee exception is being sent with the enrollment.	M,D

		Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
N/A	N/A	Required if fee payment or fee exception is being sent with the enrollment.	M,D
		Date must be within the enrollment period.	M,D
N/A	N/A	Required if fee payment or fee exception is being sent with the enrollment.	M,D
N/A	N/A	A. Required if fee payment or fee exception is being sent with the enrollment. B. This should be a dollar amount with the decimal (can be negative).	M,D
		If cumulative fee amount < $.00, accept payment and return warning.	D
N/A	N/A	Required if partial or non-payment of enrollment fees.	M
B,I	*B,I*	*Information only provided for clarity of who may be covered under each plan*	
R	R		D
N/A	N/A	Insured's Health Insurance Claim Number assigned by HCFA.	D
			D
R	R	M=Health Care	D
R	R	Validated with DEERS "eligibile for" coverage.	D
R	R	DEERS will set the PCM Selection Begin Calendar Date equal to this date.	D
		A. Must be within eligibility and may be current date, up to 90 days in the future, or 60 days prior to current date (for retro enrollments), except for newborns who may be enrolled back to the date of birth. B. If this is an enrollment into a family coverage plan, this date must fall within the policy enrollment period	M,D
R	R	Cannot exceed 12 months or end of eligibility; date must be greater than or equal to enrollment begin date.	M,D
		A. DEERS enforces that enrollment periods do not overlap. B. DEERS will set the PCM Selection End Calendar Date equal to this date. C. If this is an enrollment into a family coverage plan, this date must fall within the policy enrollment period.	D
N/A	N/A	If an individual is waived from enrollment fee payments, the reason for the waiver should be sent to DEERS; applicable to coverage plan.	M

		Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
R	R	Region of enrolling system and PCM region must be the same.	M,D
R	R	DEERS will validate that the PCM Enrolling Division DMIS Identifier is a valid DMIS ID, but will not validate that it is within the region that is submitting the enrollment.	M,D
DC CV	DC CV	Value must be appropriate for the coverage plan.	M,D
S	S	A. Required for Direct Care B. Recommended if known for Civilian Providers.	M,D
S	S	A. Required for Direct Care B. Recommended if known for Civilian Providers.	M,D
S	S	A. Required for Direct Care B. Recommended if known for Civilian Providers.	M,D
O	O	Recommended if known.	
O	O	A. Optional, and only applicable to Civilian Network Providers. B. If sending the zip code, must also send the country code. C. Valid only in U.S. and certain OCONUS locations.	M,D
O	O	A. Optional, and only applicable to Civilian Network Providers. B. If sending the zip code, must also send the country code. C. Valid only in U.S. and certain OCONUS locations.	M,D
O	O	A. Optional, and only applicable to Civilian Network Providers. B. If sending the zip code, must also send the country code. C. Valid only in U.S. and certain OCONUS locations.	M,D

		Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
		Required if fee payment or fee exception is being sent with the enrollment.	D
		Required if fee payment or fee exception is being sent with the enrollment.	M,D
		Required if fee payment or fee exception is being sent with the enrollment.	M,D
		Date must be within the enrollment period.	M,D
		Required if fee payment is being sent with the enrollment. Not required if fees are being waived.	M,D
		Required if fee payment or fee exception is being sent with the enrollment. This should be a dollar amount with the decimal (can be negative) .	M,D
		If cumulative fee amount < $.00, accept payment and return warning.	D
		Required if partial or non-payment of enrollment fees.	M
		Information only provided for clarity of who may be covered under each plan	
			D
			D
		M=Health Care	D
		Validated with DEERS "eligible for" coverage	D

		Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
		A. Must be within eligibility and may be current date, up to 90 days in the future, or 60 days prior to current date (for retro enrollments), except for newborns who may be enrolled back to the date of birth. B. If enrollment is into a family coverage plan, this date must fall within the policy enrollment period.	M,D
		DEERS will set the PCM Selection Begin Calendar Date equal to this date.	D
		A. Cannot exceed 12 months or end of eligibility. B. Date must be greater than or equal to enrollment begin date. C. If enrollment is into a family coverage plan, this date must fall within the policy enrollment period.	M,D
		DEERS enforces that enrollment periods do not overlap.	D
		DEERS will set the PCM Selection End Calendar Date equal to this date	D
		If an individual is waived from enrollment fee payments, the reason for the waiver should be sent to DEERS.	M
		Region of enrolling system and PCM region must be the same.	M,D
		DEERS will validate that the PCM Enrolling Division DMIS Identifier is a valid DMIS ID, but will not validate that it is within the region that is submitting the enrollment.	M,D
			M,D
			M,D
			M,D
			M,D
		Recommended if known.	M,D

		Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
		Person must not be enrolled in any other managed care programs established or operated under the auspices of the DoD.	D
		Information only provided for clarity of who may be covered under each plan.	
			D
			D
		M=Health Care	D
		Validated with DEERS "eligible for" coverage	D
		Must be within eligibility and may be current date, up to 90 days in the future, or 60 days prior to current date (for retro enrollments), except for newborns who may be enrolled back to the date of birth.	D
		A. Cannot exceed end of eligibility. B. Must be greater than or equal to enrollment begin date.	M,D
		DEERS enforces that enrollment periods do not overlap.	D

		Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	Add a Newborn Beneficiary to DEERS (sent to DEERS)	
1.	DEERS ID (Sponsor)	R
2.	Person Update Code	R
3.	Person Last Name	R
4.	Person First Name	R
5.	Person Middle Name	O
6.	Person Cadency Name	O
7.	Person Birth Calendar Date	R
8.	Person Sex Code	R
9.	Person Association Reason Code	R
10.	Mailing Address Type Code	R
11.	Mailing Address Effective Calendar Date	R
12.	Mailing Address Line 1 Text	R
13.	Mailing Address Line 2 Text	O
14.	Mailing Address City Name	R
15.	Mailing Address US Postal Region State Code	S
16.	Mailing Address US Postal Region ZIP Code	S

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
17.	Mailing Address US Postal Region ZIP Extension Code	O
18.	Mailing Address Country Code	R
19.	Home Telephone Number Code	O
20.	Work Telephone Number Code	O
21.	Fax Telephone Number Code	O
	Add a Newborn Beneficiary to DEERS Acknowledgement (sent from DEERS)	
	DEERS ID (Newborn)	
	Person Identifier	
	Person Identifier Type Code	
	Person Last Name	
	Person First Name	
	Person Middle Name	
	Person Cadency Name	
	Person Birth Calendar Date	

Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
DEERS will add a newborn and assign the newborn a DEERS Id and a Temporary Id along with establishing an assigned HCDP Coverage Plan with a Prime copayment factor code.	D
Identifies family of newborn.	M,D
	D
	M
	M
	M
	M
A. DEERS will set Person Association Begin Calendar Date using the birth date. B. Must be <= to current date and within 365 days of current date.	D
	M
Birth	D
Specifies if address is Correspondence Mailing Address or Residential Mailing Address.	M
	M
A. If address is unknown, use address of mother or sponsor. B. Address is a complete unit. All required elements must be included for a successful update.	M,D
A. Depends on length of address. B. Address is a complete unit. All required elements must be included for a successful update.	M
Address is a complete unit. All required elements must be included for a successful update.	D
A. Required if address is in the U.S. and in certain OCONUS locations. B. Address is a complete unit. All required elements must be included for a successful update.	D
A. Required if address is in the U.S. and in certain OCONUS locations. B. Address is a complete unit. All required elements must be included for a successful update.	D

Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
	M
Address is a complete unit. All required elements must be included for a successful update.	D
	M
	M
	M
Generated by DEERS.	D
Represents the Temporary Id for the newborn; generated by DEERS.	D
TIN	D
Taken from inbound transaction.	D
Taken from inbound transaction.	D
Taken from inbound transaction.	D
Taken from inbound transaction.	D
Taken from inbound transaction.	D

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required	Business Rules by Coverage Plan
	Add a Newborn Beneficiary to DEERS (sent to DEERS)		
			DEERS will add a newborn and assign the newborn a Patient Id and a Temporary Id along with establishing an assigned HCDP Coverage Plan with a Prime copayment factor code.
1.	Patient ID (Sponsor)	R	Identifies family of newborn.
2.	Person Update Code	R	
3.	Person Last Name	R	
4.	Person First Name	R	
5.	Person Middle Name	O	
6.	Person Cadency Name	O	
7.	Person Birth Calendar Date	R	A. DEERS will set Person Association Begin Calendar Date using the birth date. B. Must be <= to current date and within 365 days of current date.
8.	Person Sex Code	R	
9.	Person Association Reason Code	R	Birth
10.	Mailing Address Type Code	R	
11.	Mailing Address Effective Calendar Date	R	
12.	Mailing Address Line 1 Text	R	A. If address is unknown, use address of mother or sponsor. B. Address is a complete unit. All required elements must be included for a successful update.
13.	Mailing Address Line 2 Text	O	A. Depends on length of address. B. Address is a complete unit. All required elements must be included for a successful update.
14.	Mailing Address City Name	R	Address is a complete unit. All required elements must be included for a successful update.
15.	Mailing Address US Postal Region State Code	S	A. Required if address is in the U.S. and in certain OCONUS locations. B. Address is a complete unit. All required elements must be included for a successful update.
16.	Mailing Address US Postal Region ZIP Code	S	A. Required if address is in the U.S. and in certain OCONUS locations. B. Address is a complete unit. All required elements must be included for a successful update.
17.	Mailing Address US Postal Region ZIP Extension Code	O	
18.	Mailing Address Country Code	R	Address is a complete unit. All required elements must be included for a successful update.
19.	Home Telephone Number Code	O	
20.	Work Telephone Number Code	O	
21.	Fax Telephone Number Code	O	

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required	Business Rules by Coverage Plan
	Add a Newborn Beneficiary to DEERS Acknowledgement (sent from DEERS)		
	Patient ID (Newborn)		Generated by DEERS.
	Person Identifier		Represents the Temporary Id for the newborn; generated by DEERS.
	Person Identifier Type Code		TIN
	Person Last Name		Taken from inbound transaction.
	Person First Name		Taken from inbound transaction.
	Person Middle Name		Taken from inbound transaction.
	Person Cadency Name		Taken from inbound transaction.
	Person Birth Calendar Date		Taken from inbound transaction.

Who Enforces the Rules M=MCSC C=CHCS D=DEERS
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Who Enforces the Rules M=MCSC C=CHCS D=DEERS
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	Event and Data Flow	Data Type						
		0=Optional B=Subscriber S=Situational I=Insured R=Required						
	Re-enrollment							
	Re-enrollment required for these plans:	***TRICARE Prime (including Remote)***						
		(a) TRICARE Prime Individual Coverage for Active Duty Family Members	*a*					
		(b) TRICARE Remote Individual coverage for Active Duty Family Members		*b*				
		(c) TRICARE Remote Family coverage for Active Duty Family Members			*c*			
		(d) TRICARE Prime Family Coverage for Active Duty Family Members				*d*		
		(e) TRICARE Prime for Survivors of Active Duty Deceased Sponsors					*e*	
		(f) TRICARE Prime Individual Coverage for Retired Sponsors and Family members						*r*
		(g) TRICARE Prime Family Coverage for Retired Sponsors and Family Members						
1.	DEERS ID (Subscriber)		N/A	N/A	N/A	N/A	S	S
2.	HCDP Enrollment Fee Payment Calendar Date		N/A	N/A	N/A	N/A	S	S
3.	HCDP Enrollment Fee Payment Paid-Through Calendar Date		N/A	N/A	N/A	N/A	S	S
4.	HCDP Enrollment Fee Payment Plan Type Code		N/A	N/A	N/A	N/A	S	S
5.	HCDP Enrollment Year Fee Payment Amount		N/A	N/A	N/A	N/A	S	S
6.	HCDP Enrollment Fee Payment Exception Reason Code		N/A	N/A	N/A	N/A	S	S
	Role of Sponsor		*B*	*B*	*B*	*B*	*B*	*B,I*
7.	DEERS ID (Insured)		R	R	R	R	R	R
8.	HCDP Enrollment Update Code					Update		
9.	HCDP Type Code		R	R	R	R	R	R
10.	HCDP Plan Coverage Code		R	R	R	R	R	R

	Event and Data Flow	Data Type						
		0=Optional B=Subscriber S=Situational I=Insured R=Required						
11.	HCDP Enrollment Begin Calendar Date		R	R	R	R	R	R
12.	HCDP Enrollment End Calendar Date		R	R	R	R	R	R
13.	HCDP Individual Enrollment Fee Waiver Reason Code		N/A	N/A	N/A	N/A	S	S
	Re-enrollment							
	Re-enrollment required for these plans:	***TRICARE Uniformed Services Family Health Plan (USFHP)***						
		(a) TRICARE USFHP Individual Coverage for Active Duty Family Members	*a*					
		(b) TRICARE USFHP Family Coverage for Active Duty Family Members		*b*				
		(c) TRICARE USFHP Individual Coverage for Retired Sponsors and Family Members			*c*			
		(d) TRICARE USFHP Family Coverage for Retired Sponsors and Family Members				*d*		
14.	DEERS ID (Subscriber)		N/A	N/A	S	S		
15.	HCDP Enrollment Fee Payment Calendar Date		N/A	N/A	S	S		
16.	HCDP Enrollment Fee Payment Paid-Through Calendar Date		N/A	N/A	S	S		
17.	HCDP Enrollment Fee Payment Plan Type Code		N/A	N/A	S	S		
18.	HCDP Enrollment Year Fee Payment Amount		N/A	N/A	S	S		
19.	HCDP Enrollment Fee Payment Exception Reason Code		N/A	N/A	S	S		
	Role of Sponsor		*B*	*B*	*B,I*	*B,I*		
20.	DEERS ID (Insured)		R	R	R	R		
21.	HCDP Enrollment Update Code		Update					

	Event and Data Flow	Data Type						
		0=Optional B=Subscriber S=Situational I=Insured R=Required						
22.	HCDP Type Code		R	R	R	R		
23.	HCDP Plan Coverage Code		R	R	R	R		
24.	HCDP Enrollment Begin Calendar Date		R	R	R	R		
25.	HCDP Enrollment End Calendar Date		R	R	R	R		
26.	HCDP Individual Enrollment Fee Waiver Reason Code		N/A	N/A	S	S		

		Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
		DEERS will carry current PCM selections forward to the next enrollment period specified.	D
		DEERS will reset the enrollment anniversary date to the new enrollment begin date.	D
		DEERS will edit the re-enrollment to ensure the enrollment dates are contiguous and there are not gaps in coverage.	D
		The system identifier must be the same system that is currently managing the enrollment.	D
g			
S		Required if fee payment or fee exception is being sent with the enrollment.	M,D
S		Required if fee payment or fee exception is being sent with the enrollment.	M,D
S		A. Required if fee payment or fee exception is being sent with the enrollment. B. Date must fall within an enrollment period.	M,D
S		Required if fee payment or fee exception is being sent with the enrollment.	M,D
S		A. Required if fee payment or fee exception is being sent with the enrollment. B. This should be a dollar amount with the decimal and can be a negative amount.	M,D
		If cumulative fee < 0, accept and return warning.	D
S		Required if partial or non-payment of enrollment fees.	M
B,I		*Information only provided for clarity of who may be covered under each plan*	
R			D
			D
R		M=Health Care	D
R		Validated with DEERS "eligible for" coverage.	D

		Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
R		Must be within eligibility and may be current date, up to 90 days in the future, or 60 days prior to current date (for retro enrollments), except for newborns who may be enrolled back the date of birth.	M,D
		DEERS will set the PCM Selection Begin Calendar Date equal to this date.	D
R		A. Cannot exceed 12 months or end of eligibility. B. Date must be greater than or equal to enrollment begin date.	M,D
		A. DEERS enforces that enrollment periods do not overlap. B. DEERS will set the PCM Selection End Calendar Date equal to this date.	D
S		If an individual is waived from enrollment fee payments, the reason for the waiver should be sent to DEERS; applicable to coverage plan.	M
		Required if fee payment or fee exception is being sent with the enrollment.	D
		Required if fee payment or fee exception is being sent with the enrollment.	M,D
		Required if fee payment or fee exception is being sent with the enrollment.	M,D
		Date must be within an enrollment period.	
		Required if fee payment is being sent with the enrollment. Not required if fees are being waived.	M,D
		A. Required if fee payment or fee exception is being sent with the enrollment. B. This should be a dollar amount with the decimal and can be a negative amount.	M,D
		If cumulative fee < 0, accept and return warning.	D
		Required if partial or non-payment of enrollment fees.	M
		Information only provided for clarity of who may be covered under each plan	
			D
			D

		Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
		M=Health Care	D
		Validated with DEERS "eligible for" coverage	D
		Must be within eligibility and may be current date, up to 90 days in the future, or 60 days prior to current date (for retro enrollments), except for newborns who may be enrolled back the date of birth.	M,D
		DEERS will set the PCM Selection Begin Calendar Date equal to this date.	D
		A. Cannot exceed 12 months or end of eligibility. B. Date must be greater than or equal to enrollment begin date.	M,D
		DEERS enforces that enrollment periods do not overlap.	M,D
		DEERS will set the PCM Selection End Calendar Date equal t this date.	D
		If an individual is waived from enrollment fee payments, the reason for the waiver should be sent to DEERS.	M

	Event and Data Flow	Data Type 0=Optional (DC=Direct Care, CV=Civilian, UP=USFHP) S=Situational R=Required				Business Rules by Coverage Plan
	Disenrollment					DEERS will set the PCM Selection End Calendar Date based on the HCDP Enrollment End Calendar Date.
						DEERS will set the PCM Selection End Reason Code based on the HCDP Enrollment End Reason Code.
						DEERS will revert coverage to the DEERS assigned health coverage plan starting the day following the disenrollment if the beneficiary is still eligible for coverage.
						DEERS or the current HCDP Enrollment Management System is the only one which can perform the disenrollment.
						Disenrollments can only be performed on active enrollments.
						A disenrollment is done for an individual.
						If a sponsor loses eligibility, DEERS will disenroll all family members.
						DEERS will send disenrollment notifications to all enrollment management and PCM enrolling divisions systems as necessary for a policy.
						DEERS will only send disenrollment notifications to the last enrollment fee system.
						If a retired sponsor dies, family members will not be disenrolled from their coverage plan.

	Event and Data Flow	Data Type			Business Rules by Coverage Plan
		0=Optional (DC=Direct Care, CV=Civilian, UP=USFHP) S=Situational R=Required			
	Disenrollment Nofication from DEERS				Unsolicited notification sent by DEERS.
	Disenrollment performed for all health care plans in these groups:	***TRICARE Prime (including Remote and Senior Prime)***	*a*		
		Uniformed Services Family Health Plan (USFHP)		*b*	No notification will be sent from DEERS because there is no EDI solution for management of these plans.
		CHCBP			*c*	No notification will be sent from DEERS because there is no EDI solution for management of these plans.
1.	DEERS ID (Insured)		R	R	R	
2.	HCDP Type Code		R	R	R	M=Health Care
3.	HCDP Plan Coverage Code		R	R	R	Current enrollment.
4.	HCDP Enrollment Begin Calendar Date		R	R	R	The current enrollment begin date.
5.	HCDP Enrollment End Calendar Date		R	R	R	
6.	HCDP Enrollment End Reason Code		R	R	R	

	Event and Data Flow	Data Type			Business Rules by Coverage Plan
		0=Optional (DC=Direct Care, CV=Civilian, UP=USFHP) S=Situational R=Required			
	Disenrollment - Voluntary/Involuntary				Notification sent by HCDP Enrollment Management System.
					If a beneficiary is waived from paying enrollment fees, the individual will not be disenrolled for non-payment of fees.
	Disenrollment performed for all health care plans in these health care delivery programs:	*TRICARE Prime (including Remote and Senior Prime)*	*a*		
		Tricare Uniformed Services Family Health Plan (USFHP)		*b*	
		CHCBP			*c*
7.	DEERS ID (Insured)		R	R	R	
8.	HCDP Enrollment Update Code		Update			
9.	HCDP Type Code		R	R	R	M=Health Care
10.	HCDP Plan Coverage Code		R	R	R	Applicable for current enrollment only.
11.	HCDP Enrollment Begin Calendar Date		R	R	R	Must match current enrollment begin date.
12.	HCDP Enrollment End Calendar Date		R	R	R	Must be within current enrollment period.
13.	HCDP Enrollment End Reason Code		R	R	R	"Failure to Pay Fees" reason code can only be used for coverage plans to which enrollment fees apply.

Who Enforces the Rules M=MCSC C=CHCS D=DEERS
D
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D

Who Enforces the Rules M=MCSC C=CHCS D=DEERS
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Who Enforces the Rules M=MCSC C=CHCS D=DEERS
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	Event and Data Flow	Data Type 0=Optional S=Situational, R=Required (DC=Direct Care, CV=Civilian, UP=U						
	PCM Change							
	PCM changes allowed for these plans:	***TRICARE Prime (including Remote and Senior Prime)***						
		(a) TRICARE Remote for Active Duty Service Members	*a*					
		(b) TRICARE Remote Individual coverage for Active Duty Family Members		*b*				
		(c) TRICARE Remote Family coverage for Active Duty Family Members			*c*			
		(d) TRICARE Prime Individual Coverage for Active Duty Sponsors				*d*		
		(c) TRICARE Prime Individual Coverage for Active Duty Family Members					*e*	
		(d) TRICARE Prime Family Coverage for Active Duty Family Members						*f*
		(e) TRICARE Prime for Survivors of Active Duty Deceased Sponsors						
		(f) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members						
		(g) TRICARE Prime Family Coverage for Retired Sponsors and Family Members						
		(h) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members						
		(i) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members						
		(j) TRICARE Senior Prime Individual Coverage for Retired Sponsors and Family Members						
1.	DEERS ID (Insured)		R	R	R	R	R	R
2.	HCDP Type Code		R	R	R	R	R	R
3.	HCDP Plan Coverage Code		R	R	R	R	R	R
4.	HCDP Enrollment Begin Calendar Date		R	R	R	R	R	R
5.	PCM Selection Update Code							Updat

	Event and Data Flow		Data Type					
			0=Optional S=Situational,R=Required (DC=Direct Care, CV=Civilian, UP=U					
6.	PCM Region Code		R	R	R	R	R	R
7.	PCM Enrolling Division DMIS Identifier		R	R	R	R	R	R
8.	PCM Network Provider Type Code		None DC CV	None DC CV	None DC CV	DC	DC CV	DC CV
9.	PCM Identifier		S	S	S	R	S	S
10.	PCM Identifier Type Code		S	S	S	R	S	S
11.	PCM Name		S	S	S	R	S	S
12.	PCM Telephone Number Code		O	O	O	O	O	O
13.	PCM Mailing Address US Postal Region ZIP Code		O	O	O	N/A	O	O
14.	PCM Mailing Address US Postal Region ZIP Extension Code		O	O	O	N/A	O	O
15.	PCM Mailing Address Country Code		O	O	O	N/A	O	O
16.	PCM Selection Begin Calendar Date		R	R	R	R	R	R

	Event and Data Flow	Data Type						
		0=Optional S=Situational,R=Required (DC=Direct Care, CV=Civilian, UP=U						
17.	PCM Selection End Reason Code		R	R	R	R	R	R

	Event and Data Flow	Data Type 0=Optional S=Situational,R=Required (DC=Direct Care, CV=Civilian, UP=U					
	PCM Change							
	PCM changes allowed for these plans:	***Tricare Uniformed Services Family Health Plan (USFHP)***					
		(a) TRICARE USFHP Individual Coverage for Active Duty Family Members	*a*				
		(b) TRICARE USFHP Family Coverage for Active Duty Family Members		*b*			
		(c) TRICARE USFHP Individual Coverage for Retired Sponsors and Family Members			*c*		
		(d) TRICARE USFHP Family Coverage for Retired Sponsors and Family Members				*d*	
		(e) TRICARE USFHP Individual Coverage for Transitional Assistance Sponsors and Family Members					*e*
		(f) TRICARE USFHP Family Coverage for Transitional Assistance Sponsors and Family Members						*f*
18.	DEERS ID (Insured)		R	R	R	R	R	R
19.	HCDP Type Code		R	R	R	R	R	R
20.	HCDP Plan Coverage Code		R	R	R	R	R	R
21.	HCDP Enrollment Begin Calendar Date		R	R	R	R	R	R
22.	PCM Selection Update Code		Update					
23.	PCM Region Code		R	R	R	R	R	R
24.	PCM Enrolling Division DMIS Identifier		R	R	R	R	R	R
25.	PCM Network Provider Type Code		UP	UP	UP	UP	UP	UP
26.	PCM Identifier		R	R	R	R	R	R
27.	PCM Identifier Type Code		R	R	R	R	R	R
28.	PCM Name		R	R	R	R	R	R
29.	PCM Telephone Number Code		O	O	O	O	O	O
30.	PCM Mailing Address US Postal Region ZIP Code		N/A	N/A	N/A	N/A	N/A	N/A
31.	PCM Mailing Address US Postal Region ZIP Extension Code		N/A	N/A	N/A	N/A	N/A	N/A
32.	PCM Mailing Address Country Code		N/A	N/A	N/A	N/A	N/A	N/A

	Event and Data Flow		Data Type					
			0=Optional S=Situational,R=Required (DC=Direct Care, CV=Civilian, UP=U					
33.	PCM Selection Begin Calendar Date		R	R	R	R	R	R
34.	PCM Selection End Reason Code		R	R	R	R	R	R

						Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
						DEERS builds the PCM list as enrollments are received. If a PCM ID does not exist within a region, DEERS will add it as a new PCM for that region, if the PCM ID does exist within a region on DEERS, DEERS will update information it receives for the PCM.	D
						Only the current system managing the enrollment can update PCM information.	D
g							
	h						
		i					
			j				
				k			
					l		
R	R	R	R	R	R		D
R	R	R	R	R	R	M=Health Care	D
R	R	R	R	R	R	Current or future coverage plan.	D
R	R	R	R	R	R	Current or future coverage plan.	M,D
e							D

JSFHP

						Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
JSFHP)							
R	R	R	R	R	R	Region cannot change during a PCM change; region of enrolling system and PCM region must be the same.	M,D
R	R	R	R	R	R	DEERS will validate that the PCM Enrolling Division DMIS Identifier is a valid DMIS ID, but will not validate that it is within the region that is submitting the PCM Change.	M,D
DC CV	DC CV	DC CV	DC CV	DC CV	DC	Required for all enrollments	M,D
S	S	S	S	S	R	A. Required for Direct Care. B. Recommended if known for Civilian Providers.	M,D
S	S	S	S	S	R	A. Required for Direct Care. B. Recommended if known for Civilian Providers.	M,D
S	S	S	S	S	R	A. Required for Direct Care. B. Recommended if known for Civilian Providers.	M,D
O	O	O	O	O	O	Recommended if known.	
O	O	O	O	O	N/A	A. Optional, and only applicable to Civilian Network Providers. B. If sending the zip code, must also send the country code.	M,D
O	O	O	O	O	N/A	A. Optional, and only applicable to Civilian Network Providers. B. If sending the zip code, must also send the country code.	M,D
O	O	O	O	O	N/A	A. Optional, and only applicable to Civilian Network Providers. B. If sending the zip code, must also send the country code.	M,D
R	R	R	R	R	R	A. This is the date the new PCM becomes effective. B. There cannot be date gaps for PCM; certain PCM information is always associated with a person's enrollment date. C. Must be within enrollment period.	M,D

JSFHP						Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
						DEERS will populate the old PCM Selection End Calendar Date as the day prior to new PCM Selection Begin Calendar Date.	D
R	R	R	R	R	R	The reason code represents why the person is changing the existing PCM to a new PCM.	M,D

JSFHP						Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
							D
						M=Health Care	D
						Current or future coverage plan.	D
						Current or future coverage plan.	D
							D
						Region cannot change during a PCM change; region of enrolling system and PCM region must be the same.	M,D
						DEERS will validate that the PCM Enrolling Division DMIS Identifier is a valid DMIS ID, but will not validate that it is within the region that is submitting the enrollment.	M,D
						Required for all enrollments.	M,D
							M,D
							M,D
							M,D
						Recommended if known	M

						Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
JSFHP						A. This is the date the new PCM becomes effective. B. Must be within enrollment period. C. There cannot be any date gaps for PCM; a PCM is always associated with a person enrolled in TRICARE USFHP.	M,D
						DEERS will populate the old PCM Selection End Calendar Date as the day prior to the new PCM Selection Begin Calendar Date.	M,D
						The reason code represents why the person is changing the existing PCM to a new PCM.	M,D

	Event and Data Flow	Data Type 0=Optional (DC=Direct Care, CV=Civilian, UP=USFHP) S=Situational R=Required									
	PCM/Transfer Cancellation										
	PCM/transfer cancellations allowed for these plans:	***TRICARE Prime (including Remote and Senior Prime)***									
		(a) TRICARE Remote for Active Duty Service Members	*a*								
		(b) TRICARE Remote Individual coverage for Active Duty Family Members		*b*							
		(c) TRICARE Remote Family coverage for Active Duty Family Members			*c*						
		(d) TRICARE Prime Individual Coverage for Active Duty Sponsors				*d*					
		(e) TRICARE Senior Prime Individual Coverage for Retired Sponsors and Family Members					*e*				
		(f) TRICARE Prime Individual Coverage for Active Duty Family Members						*f*			
		(g) TRICARE Prime Family Coverage for Active Duty Family Members							*g*		
		(h) TRICARE Prime for Survivors of Active Duty Deceased Sponsors								*h*	
		(i) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members									*i*
		(j) TRICARE Prime Family Coverage for Retired Sponsors and Family Members									

	Event and Data Flow		Data Type 0=Optional (DC=Direct Care, CV=Civilian, UP=USFHP) S=Situational R=Required								
1.	DEERS ID (Insured)		R	R	R	R	R	R	R	R	R
2.	HCDP Type Code		R	R	R	R	R	R	R	R	R
3.	HCDP Plan Coverage Code		R	R	R	R	R	R	R	R	R
4.	HCDP Enrollment Begin Calendar Date		R	R	R	R	R	R	R	R	R
5.	PCM Selection Update Code		Cancel								
6.	PCM Region Code		R	R	R	R	R	R	R	R	R
7.	PCM Enrolling Division DMIS Identifier		R	R	R	R	R	R	R	R	R
8.	PCM Network Provider Type Code		None DC CV	None DC CV	None DC CV	DC	DC	DC CV	DC CV	DC CV	DC CV
9.	PCM Identifier		S	S	S	R	R	R	R	R	R
10.	PCM Identifier Type Code		S	S	S	R	R	R	R	R	R
11.	PCM Name		S	S	S	R	R	R	R	R	R
12.	PCM Selection Begin Calendar Date		R	R	R	R	R	R	R	R	R
13.	PCM Selection End Reason Code		R	R	R	R	R	R	R	R	R
	PCM/Transfer Cancellation										
	PCM/transfer cancellations allowed for these plans:	*Tricare Uniformed Services Family Health Plan (USFHP)*									
		(a) TRICARE USFHP Individual Coverage for Active Duty Family Members	*a*								
		(b) TRICARE USFHP Family Coverage for Active Duty Family Members		*b*							
		(c) TRICARE USFHP Individual Coverage for Retired Sponsors and Family Members			*c*						
		(d) TRICARE USFHP Family Coverage for Retired Sponsors and Family Members				*d*					
		(e) TRICARE USFHP Individual Coverage for Transitional Assistance Sponsors and Family Members					*e*				
		(f) TRICARE USFHP Family Coverage for Transitional Assistance Sponsors and Family Members						*f*			
14.	DEERS ID (Insured)		R	R	R	R	R	R			

	Event and Data Flow	Data Type 0=Optional (DC=Direct Care, CV=Civilian, UP=USFHP) S=Situational R=Required									
15.	HCDP Type Code		R	R	R	R	R	R			
16.	HCDP Plan Coverage Code		R	R	R	R	R	R			
17.	HCDP Enrollment Begin Calendar Date		R	R	R	R	R	R			
18.	PCM Selection Update Code	Cancel									
19.	PCM Region Code		R	R	R	R	R	R			
20.	PCM Enrolling Division DMIS Identifier		R	R	R	R	R	R			
21.	PCM Network Provider Type Code		UP	UP	UP	UP	UP	UP			
22.	PCM Identifier		R	R	R	R	R	R			
23.	PCM Identifier Type Code		R	R	R	R	R	R			
24.	PCM Name		R	R	R	R	R	R			
25.	PCM Selection Begin Calendar Date		R	R	R	R	R	R			
26.	PCM Selection End Reason Code		R	R	R	R	R	R			

	Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
	This transaction is used for cancelling a PCM assignment or an enrollment transfer. The enrollment transfer is like a PCM change but is between regions.	
	This transaction will reinstate the previous PCM selection for the enrollment period. If there is only one PCM for the enrollment, thus no PCM to reinstate, a new PCM selection must be included with the PCM cancellation.	D
	The instance of the PCM selection being cancelled will be removed and will not be displayed by DEERS in subsequent transactions.	D
	DEERS will send enrollment change notifications to all systems participating in the management of the policy.	D
	Only the current system managing the enrollment can update PCM information; This data is obtained by DEERS from the EDI message header.	D
j		

| | Business Rules by Coverage Plan | Who Enforces the Rules

M=MCSC
C=CHCS
D=DEERS |
|---|---|---|
| R | | D |
| R | M=Health Care | D |
| R | Current or future coverage plan. | D |
| R | Current or future coverage plan. | D |
| | | D |
| R | Must match PCM being cancelled. | M,D |
| R | Must match PCM being cancelled. | M,D |
| DC CV | Must match PCM being cancelled. | M,D |
| R | Must match PCM being cancelled. | M,D |
| R | Must match PCM being cancelled. | M,D |
| R | Must match PCM being cancelled. | M,D |
| R | A. Must match PCM being cancelled.

B. There cannot be any date gaps for PCM, certain PCM is required for an enrollment. | D |
	DEERS will reinstate the previous PCM selection; if there is only one for this enrollment certain PCM selection information must be included with the cancellation.	D
R	"Invalid Entry."	M,D
		D

Business Rules: J. Modification of Health Benefit Program Enrollment (PCM Cancellation and Transfer Cancellation)

	Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
	M=Health Care	D
	Current or future coverage plan	D
	Current or future coverage plan	D
		D
	Must match PCM being cancelled	D
	Must match PCM being cancelled	D
	Must match PCM being cancelled	D
	Must match PCM being cancelled	D
	Must match PCM being cancelled	D
	Must match PCM being cancelled	D
	A. Must match PCM being cancelled. B. There cannot be any date gaps for PCM, certain PCM is required for an enrollment.	M,D
	DEERS will reinstate the previous PCM selection; if there is only one for this enrollment certain PCM selection information must be included with the cancellation.	D
	"Invalid Entry"	M,D

	Event and Data Flow	Data Type 0=Optional (DC=Direct Care, CV=Civilian, UP=USFHP) S=Situational R=Required								
	Enrollment Transfer									
	Transfer of Enrollment allowed for these plans:	***TRICARE Prime (including Remote)***								
		(a) TRICARE Remote for Active Duty Service Members	a							
		(b) TRICARE Remote Individual coverage for Active Duty Family Members		b						
		(c) TRICARE Remote Family coverage for Active Duty Family Members			c					
		(d) TRICARE Prime Individual Coverage for Active Duty Sponsors				d				
		(e) TRICARE Prime Individual Coverage for Active Duty Family Members					e			
		(f) TRICARE Prime Family Coverage for Active Duty Family Members						f		
		(g) TRICARE Prime for Survivors of Active Duty Deceased Sponsors							g	

	Event and Data Flow	Data Type 0=Optional (DC=Direct Care, CV=Civilian, UP=USFHP) S=Situational R=Required							
									h
	(h) TRICARE Prime Individual Coverage for Retired Sponsors and Family members								
	(i) TRICARE Prime Family Coverage for Retired Sponsors and Family Members								
	(j) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members								
	(k) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members								
1.	DEERS ID (Insured)	R	R	R	R	R	R	R	R
2.	HCDP Type Code	R	R	R	R	R	R	R	R
3.	PCM Selection Update Code	Update							
4.	HCDP Plan Coverage Code	R	R	R	R	R	R	R	R
5.	PCM Region Code	R	R	R	R	R	R	R	R
6.	PCM Enrolling Division DMIS Identifier	R	R	R	R	R	R	R	R
7.	PCM Network Provider Type Code	None DC CV	None DC CV	None DC CV	DC	DC CV	DC CV	DC CV	DC CV
8.	PCM Identifier	S	S	S	R	S	S	S	S
9.	PCM Identifier Type Code	S	S	S	R	S	S	S	S
10.	PCM Name	S	S	S	R	S	S	S	S
11.	PCM Telephone Number Code	O	O	O	O	O	O	O	O

	Event and Data Flow	Data Type 0=Optional (DC=Direct Care, CV=Civilian, UP=USFHP) S=Situational R=Required								
12.	PCM Mailing Address US Postal Region ZIP Code		O	O	O	N/A	O	O	O	O
13.	PCM Mailing Address US Postal Region ZIP Extension Code		O	O	O	N/A	O	O	O	O
14.	PCM Mailing Address Country Code		O	O	O	N/A	S	S	S	S
15.	PCM Selection Begin Calendar Date		R	R	R	R	R	R	R	R
16.	PCM Selection End Reason Code		R	R	R	R	R	R	R	R
	Enrollment Transfer									
	Transfer of Enrollment allowed for these plans:	***TRICARE USFHP***								
		(a) TRICARE USFHP Individual Coverage for Active Duty Family Members	*a*							
		(b) TRICARE USFHP Family Coverage for Active Duty Family Members		*b*						
		(c) TRICARE USFHP Individual Coverage for Retired Sponsors and Family Members			*c*					
		(d) TRICARE USFHP Family Coverage for Retired Sponsors and Family Members				*d*				
		(e) TRICARE USFHP Individual Coverage for Transitional Assistance Sponsors and Family Members					*e*			

	Event and Data Flow	Data Type								
		0=Optional (DC=Direct Care, CV=Civilian, UP=USFHP) S=Situational R=Required								
		(f) TRICARE USFHP Family Coverage for Transitional Assistance Sponsors and Family Members						*f*		

	Event and Data Flow	Data Type							
		0=Optional (DC=Direct Care, CV=Civilian, UP=USFHP) S=Situational R=Required							
17.	DEERS ID (Insured)		R	R	R	R	R	R	
18.	HCDP Type Code		R	R	R	R	R	R	
19.	PCM Selection Update Code		Update						
20.	HCDP Plan Coverage Code		R	R	R	R	R	R	
21.	PCM Region Code		R	R	R	R	R	R	
22.	PCM Enrolling Division DMIS Identifier		R	R	R	R	R	R	
23.	PCM Network Provider Type Code		UP	UP	UP	UP	UP	UP	
24.	PCM Identifier		R	R	R	R	R	R	
25.	PCM Identifier Type Code		R	R	R	R	R	R	
26.	PCM Name		R	R	R	R	R	R	
27.	PCM Telephone Number Code		O	O	O	O	O	O	
28.	PCM Mailing Address US Postal Region ZIP Code		N/A	N/A	N/A	N/A	N/A	N/A	
29.	PCM Mailing Address US Postal Region ZIP Extension Code		N/A	N/A	N/A	N/A	N/A	N/A	
30.	PCM Mailing Address Country Code		N/A	N/A	N/A	N/A	N/A	N/A	
31.	PCM Selection Begin Calendar Date		R	R	R	R	R	R	
32.	PCM Selection End Reason Code		R	R	R	R	R	R	

			Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
			A transfer of enrollment is done for each family member being transferred.	M
			When an enrollee relocates to another contractor's region, the transfer is done by the gaining contractor.	M
			When an enrollee relocates to another contractor's region, DEERS notifies the losing entity of the loss when the gaining entity updates DEERS to reflect the enrollment transfer.	D
			DEERS will set the PCM Selection End Calendar Date for the losing organization based on the PCM Selection Begin Calendar Date for the gaining organization. DEERS will notify the losing organization of the loss.	D
			DEERS builds the PCM list as enrollments are received. If a PCM Id does not exist within a region, DEERS will add it as a new PCM for that region, if the PCM Id does exist within a region on DEERS, DEERS will update information it receives for the PCM.	D

			Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
i				
	j			
		k		
R	R	R		D
R	R	R	M=Health Care	D
			This is an update to an existing HCDP because the person is still covered within the same coverage plan.	D
R	R	R	This coverage plan is the same as the current plan.	D
R	R	R	The new region for the enrolling system and PCM region must be the same.	M,D
R	R	R	DEERS will validate that the PCM Enrolling Division DMIS Identifier is a valid DMIS ID, but will not validate that it is within the region that is submitting the enrollment.	M,D
DC CV	DC CV	DC CV		M,D
S	S	S	A. Required for Direct Care B. Recommended if known for Civilian Providers.	M,D
S	S	S	A. Required for Direct Care B. Recommended if known for Civilian Providers.	M,D
S	S	S	A. Required for Direct Care B. Recommended if known for Civilian Providers.	M,D
O	O	O	Recommended if known.	M

			Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
O	O	O	A. Optional, and only applicable to Civilian Network Providers. B. If sending the zip code, must also send the country code. C. Valid only in U.S. and certain OCONUS locations.	M,D
O	O	O	A. Optional, and only applicable to Civilian Network Providers. B. If sending the zip code, must also send the country code. C. Valid only in U.S. and certain OCONUS locations.	M,D
S	S	S	A. Optional, and only applicable to Civilian Network Providers. B. If sending the zip code, must also send the country code.	M,D
R	R	R	Must be within current enrollment period.	M,D
			DEERS will populate the old PCM Selection End Date as the day prior to the new PCM Selection Begin Calendar Date.	D
R	R	R	Value of "relocation."	M,D

			Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS

			Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
				D
			M=Health Care	D
			This is an update to an existing HCDP because the person is still covered within the same coverage plan.	D
			This coverage plan is the same as the current plan.	D
			The new region for the enrolling system and PCM region must be the same.	D
			DEERS will validate that the PCM Enrolling Division DMIS Identifier is a valid DMIS ID, but will not validate that it is within the region that is submitting the enrollment.	D
				D
				D
				D
				D
			Recommended if known.	M
			Must be within current enrollment period. DEERS will populate the old PCM Selection End Date as the day prior to the new PCM Selection Begin Calendar Date.	D
			Value of "relocation."	D

	Event and Data Flow	Data Type 0=Optional, (DC=Direct Care, CV=Civilian, UP=USFHP) S=Situational R=Required			
	Enrollment Period Change for an Individual				
	Change of enrollment period allowed for all health care plans in these health care delivery programs:	**TRICARE Prime**	*a*		
		TRICARE Remote		*b*	
		TRICARE Uniformed Services Family Health Plan (USFHP)			*c*
1.	DEERS ID (Insured)		R	R	R
2.	HCDP Enrollment Update Code		Update		
3.	Person/Family Transaction Type Code		R	R	R
4.	HCDP Type Code		R	R	R
5.	HCDP Plan Coverage Code		R	R	R

	Event and Data Flow	Data Type 0=Optional, (DC=Direct Care, CV=Civilian, UP=USFHP) S=Situational R=Required			
6.	HCDP Enrollment Begin Calendar Date		R	R	R
7.	HCDP Enrollment End Calendar Date		R	R	R

Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
An enrollment cannot exceed 12 months or past eligibility whichever is less.	D
DEERS will send enrollment change notifications to all systems participating in the management of the enrollment.	D
DEERS will ensure enrollment periods do not overlap.	D
DEERS will only allow modification to the current enrollment or to a future enrollment if it is for a different plan.	D
DEERS will only allow modification to the initial begin date when that period is still active. Only the entity that created the enrollment may make this change.	D
For an enrollment within a Family Coverage plan, the enrollment period must remain within the policy enrollment period, i.e. enrollment begin date cannot be before the anniversary date and enrollment end date cannot be beyond 12 months from the anniversary date.	M,D
This system identifier is the current system who currently manages this enrollment. This data is obtained by DEERS from the message header.	D
	M,D
	M,D
Person: Change to individual enrollment only.	M,D
M=Health Care	M,D
Current or future coverage plan.	M,D

Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
Must be within eligibility and may be current date, up to 90 days in the future, or 60 days prior to current date (for retro enrollments), except for newborns who may be enrolled back to the date of birth.	M,D
DEERS will set the PCM Selection Begin Calendar Date equal to this date.	D
A. Cannot exceed 12 months or end of eligibility. B. Date must be greater than or equal to enrollment begin date.	M,D
DEERS enforces that enrollment periods do not overlap.	D
DEERS will set the PCM Selection End Calendar Date equal to this date.	D

	Event and Data Flow	Data Type 0=Optional (DC=Direct Care, CV=Civilian, UP=USFHP) S=Situational R=Required			

	Event and Data Flow	Data Type 0=Optional (DC=Direct Care, CV=Civilian, UP=USFHP) S=Situational R=Required		
	Enrollment Period Change for a Family			
	Change of enrollment period allowed for all health care plans in these health care delivery programs:	**TRICARE Prime**	*a*	
		TRICARE Remote (Family Coverage)		*b*
		TRICARE Uniformed Services Family Health Plan (USFHP)		
1.	DEERS ID (Subscriber)		R	R	R
2.	HCDP Enrollment Update Code		Update	
3.	Person/Family Transaction Type Code		R	R	R
4.	HCDP Type Code		R	R	R
5.	HCDP Plan Coverage Code		R	R	R
6.	HCDP Enrollment Begin Calendar Date		R	R	R
7.	HCDP Enrollment End Calendar Date		R	R	R

Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
DEERS will update all enrollments within a Family policy based on the new enrollment period.	D
A new anniversary date will be set by DEERS based on the HCDP Enrollment Begin Calendar Date sent with transaction.	D
When the family anniversary period is adjusted, DEERS will honor differences in an individual's enrollment begin and/or end date(s) if they are not equal to the original family anniversary period.	D
DEERS enforces that enrollment periods do not overlap.	D
DEERS will send enrollment change notifications to all systems participating in the management of the enrollment	D
This transaction must be done for the policy at the subscriber level in order to effect all family member enrollments in the policy.	M,D
DEERS will only allow modification to the current enrollment or to a future enrollment if it is for a different plan.	D
DEERS will only allow modification to the initial begin date when that period is still active. Only the entity that created the enrollment may make this change.	D
This system identifier is the current system who currently manages this enrollment. This data is obtained by DEERS from the message header.	D

Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
Subscriber	M,D
	M,D
Family: Change to ALL enrollments in the policy.	M,D
M=Health Care	M,D
Current or future coverage plan.	M,D
Must be within eligibility and may be current date, up to 90 days in the future, or 60 days prior to current date (for retro enrollments), except for newborns who may be enrolled back to the date of birth.	M,D
DEERS will reset the PCM Selection Begin Date to this HCDP Enrollment Begin Date.	D
A. Cannot exceed 12 months or end of eligibility. B. Date must be greater than or equal to enrollment begin date.	M,D
DEERS enforces that enrollment periods do not overlap.	D
DEERS will reset the PCM Selection End Date to this HCDP Enrollment End Date.	D

	Event and Data Flow	Data Type 0=Optional (DC=Direct Care, CV=Civilian, S=Situational R=Required				Business Rules by Coverage Plan
						This system identifier must be the current system who currently manages this enrollment. This data is obtained by DEERS from the message header.
	Enrollment End Reason Code Change					
	Change of enrollment end reason allowed for plans in these health care delivery programs:	**TRICARE Prime (including Senior Prime)**	*a*			
		TRICARE Remote		*b*		
		TRICARE Prime Uniformed Services Family Health Plan (USFHP)			*c*	
1.	DEERS ID (Insured)		R	R	R	
2.	HCDP Enrollment Update Code			Update		
3.	HCDP Type Code		R	R	R	M=Health Care
4.	HCDP Plan Coverage Code		R	R	R	Current or future coverage plan.
5.	HCDP Enrollment Begin Calendar Date		R	R	R	Enrollment dates must match enrollment period being changed.
6.	HCDP Enrollment End Calendar Date		R	R	R	Enrollment dates must match enrollment period being changed. DEERS enforces that enrollment periods do not overlap.
7.	HCDP Enrollment End Reason Code		R	R	R	

Who Enforces the Rules M=MCSC D=DEERS
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M,D
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M,D

	Event and Data Flow	Data Type 0=Optional (DC=Direct Care, CV=Civilian, UP=USFHP) S=Situational R=Required			
	Cancel Enrollment/Disenrollment				
	Cancel enrollment/disenrollment allowed for plans in these health care delivery programs:	***TRICARE Prime (including Senior Prime)***	*a*		
		TRICARE Remote		*b*	
		TRICARE Prime Uniformed Services Family Health Plan (USFHP)			*c*
1.	DEERS ID (Insured)		R	R	R
2.	HCDP Enrollment Update Code		Cancel		
3.	HCDP Type Code		R	R	R
4.	HCDP Plan Coverage Code		R	R	R
5.	HCDP Enrollment Begin Calendar Date		R	R	R
6.	HCDP Enrollment End Calendar Date		R	R	R
7.	HCDP Enrollment End Reason Code		R	R	R

Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
The instance of the enrollment or disenrollment (including PCM information) will be removed and will not be displayed by DEERS in subsequent transactions.	D
DEERS will retain any catastrophic cap and deductible accumulations for the enrollment. However, these amounts will not be seen unless there is an enrollment covering the dates of service for the catastrophic cap and deductible update.	D
DEERS will reinstate the enrollment as it existed prior to the enrollment/disenrollment cancellation.	D
DEERS will send enrollment change notifications to all systems participating in the management of the enrollment	D
This system identifier must be the current system who currently manages this enrollment. This data is obtained by DEERS from the message header. If there has been a transfer of enrollment, the gaining contractor may only cancel the portion of the enrollment they are responsible for managing.	D
	D
This is the cancellation of a current or future HCDP because the person is still covered within the same HCDP coverage plan	D
M=Health Care	D
Current or future coverage plan	D
A. This date must match the begin date of the enrollment. B. For an enrollment cancellation, this date must be no longer than 60 days in the past.	M,D
A. This date must match the end date of the enrollment. B. For a disenrollment cancellation, this date must be no longer than 60 days in the past.	M,D
"Invalid Entry"	M,D

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required					
	Enrollment Fee Payment						
	Enrollment fees required for these plans:	***TRICARE Prime***					
		(a) TRICARE Prime Individual Coverage for Retired Sponsors and Family members	*a*				
		(b) TRICARE Prime Family Coverage for Retired Sponsors and Family Members		*b*			
		(c) TRICARE Prime for Survivors of Active Duty Deceased Sponsors			*c*		
		TRICARE Uniformed Services Family Health Plan (USFHP)					
		(d) TRICARE USFHP Individual Coverage for Retired Sponsors and Family Members				*d*	

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required					
		(e) TRICARE USFHP Family Coverage for Retired Sponsors and Family Members					***e***
1.	DEERS ID (Subscriber)		R	R	R	R	R
2.	HCDP Type Code		R	R	R	R	R
3.	HCDP Plan Coverage Code		R	R	R	R	R
4.	HCDP Enrollment Begin Calendar Date		R	R	R	R	R
5.	HCDP Enrollment Fee Payment Update Code		Update				
6.	HCDP Enrollment Fee Payment Calendar Date		R	R	R	R	R
7.	HCDP Enrollment Fee Payment Paid-Through Calendar Date		R	R	R	R	R
8.	HCDP Enrollment Fee Payment Plan Type Code		R	R	R	R	R
9.	HCDP Enrollment Year Fee Payment Amount		R	R	R	R	R
10.	HCDP Enrollment Fee Payment Exceptio Reason Code		S	S	S	S	S

Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
This transaction is used when making enrollment fee payments separately from other enrollment transactions.	
DEERS will accumulate individual enrollment fee payments for each enrollment year and health care delivery program.	D
Partial or non-payment of enrollment fees will be accepted by DEERS and are communicated through the HCDP Enrollment Fee Payment Exception Reason Code.	M
DEERS will only send enrollment change notifications to the last enrollment fee system.	D
The system identifier is obtained by DEERS from the message header and is used to track the system that sent the enrollment fee payment notificaton.	D

Business Rules by Coverage Plan	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
Enrollment fees are only associated with the subscriber of the policy, not the insured; the Beneficiary Id must be 00.	D
M=Health Care	
Current or future coverage plan.	D
Must match current or future coverage plan	M,D
	D
	M,D
Must be within an enrollment period.	M,D
	M,D
This should be a dollar amount with the decimal (can be negative) .	M,D
If cumulative fee amount < $.00, accept payment and return warning.	D
Required if partial or non-payment of enrollment fees.	M

	Event and Data Flow	Data Type				
		0=Optional				
		S=Situational				
		R=Required				
	Enrollment Fee Payment Transaction History Request					
	An enrollment fee payment transaction history may be obtained for policies in these plans:	***TRICARE Prime***				
		(a) TRICARE Prime Individual Coverage for Retired Sponsors and Family members	*a*				
		(b) TRICARE Prime Family Coverage for Retired Sponsors and Family Members		*b*			
		(c) TRICARE Prime for Survivors of Active Duty Deceased Sponsors			*c*		
		TRICARE Uniformed Services Family Health Plan (USFHP)					
		(d) TRICARE USFHP Individual Coverage for Retired Sponsors and Family Members				*d*	
		(e) TRICARE USFHP Family Coverage for Retired Sponsors and Family Members					*e*

	Event and Data Flow	Data Type					
		0=Optional					
		S=Situational					
		R=Required					
1.	DEERS ID (Subscriber)		R	R	R	R	R
2.	HCDP Type Code		R	R	R	R	R
3.	HCDP Plan Coverage Code		R	R	R	R	R
4.	HCDP Policy Enrollment Period Begin Calendar Date		R	R	R	R	R
	Response						
	DEERS ID (Subscriber)						
	HCDP Type Code						
	HCDP Plan Coverage Code						
	HCDP Enrollment Begin Calendar Date						
	HCDP Enrollment End Calendar Date						
	HCDP Policy Enrollment Period Begin Calendar Date						
	HCDP Enrollment Fee Payment Calendar Date						
	HCDP Enrollment Fee Payment Paid-Through Calendar Date						
	HCDP Enrollment Fee Payment Plan Type Code						
	HCDP Enrollment Year Fee Payment Amount						
	HCDP Enrollment Fee Payment Exception Reason Code						
	HCDP Enrollment Fee System Name						
	HCDP Enrollment Fee Payment Transaction Calendar Date						
	HCDP Enrollment Fee Payment Transaction Time						

Business Rules by Coverage Plan	Who Enforces the Rules
	M=MCSC
	C=CHCS
	D=DEERS

Business Rules by Coverage Plan	Who Enforces the Rules
	M=MCSC
	C=CHCS
	D=DEERS
Enrollment fees are only associated with the subscriber of the policy, not the insured; the Beneficiary Id must be 00.	D
M=Health Care	M,D
Current or future coverage plan.	D
Must match current or future coverage plan	M,D

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required					
	Enrollment Fee Waiver Update for an Individual						
	Enrollment fees required for these plans:	***TRICARE Prime***					
		(a) TRICARE Prime Individual Coverage for Retired Sponsors and Family members	*a*				
		(b) TRICARE Prime Family Coverage for Retired Sponsors and Family Members		*b*			
		(c) TRICARE Prime for Survivors of Active Duty Deceased Sponsors			*c*		
	Enrollment fees required for these plans:	***TRICARE Prime Uniformed Services Family Health Plan (USFHP)***					
		(d) TRICARE USFHP Individual Coverage for Retired Sponsors and Family Members				*d*	
		(e) TRICARE USFHP Family Coverage for Retired Sponsors and Family Members					*e*
1.	DEERS ID (Insured)		R	R	R	R	R
2.	HCDP Enrollment Update Code		Update				
3.	HCDP Type Code		R	R	R	R	R
4.	HCDP Plan Coverage Code		R	R	R	R	R
5.	HCDP Enrollment Begin Calendar Date		R	R	R	R	R
6.	HCDP Enrollment End Calendar Date		R	R	R	R	R
7.	HCDP Individual Enrollment Fee Waiver Reason Code		R	R	R	R	R

Business Rules by Coverage Plan	Who Enforces the Rules C=CHCS M=MCSC D=DEERS
There are no dates associated with the waiver; It can be set or removed as necessary and no history is kept on the setting of this field.	D
The beneficiary who is exempt from paying enrollment fees.	D
	D
M=Health Care	D
Current or future coverage plan.	D
A. The enrollment period identifies for which enrollment the fee waiver is effective. B. Enrollment must exist in DEERS.	D
A. The enrollment period identifies for which enrollment the fee waiver is effective. B. Enrollment must exist in DEERS.	D
The reason for which a beneficiary is waived from paying enrollment fees should be sent to DEERS.	M

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required	Business Rules
	Person Information		
1.	DEERS ID	R	
2.	Mailing Address Update Code	R	Required if address is being updated.
3.	Mailing Address Type Code	S	A. Must be included if updating the mailing address information. B. Address is a complete unit. All required elements must be included for a successful update. If current mailing address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.
4.	Mailing Address Effective Calendar Date	S	A. Must be included if updating the mailing address information. B. Address is a complete unit. All required elements must be included for a successful update. If current mailing address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update
5.	Mailing Address Line 1 Text	S	A. Must be included if updating the mailing address information. B. Address is a complete unit. All required elements must be included for a successful update. If current mailing address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.
6.	Mailing Address Line 2 Text	O	A. Depends on length of address. B. Address is a complete unit. All required elements must be included for a successful update. If current mailing address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.
7.	Mailing Address City Name	S	Address is a complete unit. All required elements must be included for a successful update. If current mailing address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.
8.	Mailing Address US Postal Region State Code	S	A. Required if address is in the U.S. and in certain OCONUS locations. B. Address is a complete unit. All required elements must be included for a successful update. If current mailing address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.
9.	Mailing Address US Postal Region ZIP Code	S	A. Required if address is in the U.S. and in certain OCONUS locations. B. Address is a complete unit. All required elements must be included for a successful update. If current mailing address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.
10.	Mailing Address US Postal Region ZIP Extension Code	O	Recommended if known and address is in the U.S. and in certain OCONUS locations having postal codes.

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required	Business Rules
			If current mailing address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.
11.	Mailing Address Country Code	S	Address is a complete unit. All required elements must be included for a successful update.
			If current mailing address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.
12.	Telephone Number Update Code	S	Required if a telephone number is being updated.
13.	Home Telephone Number Code	S	At least one telephone number must be populated if the Telephone Number Update Code indicates an update.
14.	Work Telephone Number Code	S	At least one telephone number must be populated if the Telephone Number Update Code indicates an update.
15.	Fax Telephone Number Code	S	At least one telephone number must be populated if the Telephone Number Update Code indicates an update.

Who Enforces the Rules
C=CHCS
M=MCSC
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Who Enforces the Rules C=CHCS M=MCSC D=DEERS
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	Event and Data Flow	Data Type 0=Optional S=Situational R=Required	Business Rules
			A Patient Add event is used for adding a person who is not a DoD beneficiary.
	Patient Information		
1.	Patient Update Code	R	
2.	Person Identifier	R	The Person Id is used when adding a patient who is not a DoD beneficiary.
3.	Person Identifier Type Code	R	If the Id submitted already exists on DEERS, DEERS will assign a TIN
4.	Person Last Name	R	
5.	Person First Name	R	
6.	Person Middle Name	O	
7.	Person Cadency Name	O	
8.	Person Birth Calendar Date	R	Must be <= current date.
9.	Person Sex Code	R	
10.	Mailing Address Type Code	S	A. Required if sending patient address. B. Address is a complete unit. All required elements must be included for a successful update.
11.	Mailing Address Effective Calendar Date	S	Required if sending patient address.
12.	Mailing Address Line 1 Text	S	A. Required if sending patient address. B. Address is a complete unit. All required elements must be included for a successful update.
13.	Mailing Address Line 2 Text	O	A. Depends on length of address (if sending). B. Address is a complete unit. All required elements must be included for a successful update.
14.	Mailing Address City Name	S	A. Required if sending patient address. B. Address is a complete unit. All required elements must be included for a successful update.
15.	Mailing Address US Postal Region State Code	S	A. Required if sending an address in the U.S. and in certain OCONUS locations B. Address is a complete unit. All required elements must be included for a successful update.
16.	Mailing Address US Postal Region ZIP Code	S	A. Required if sending an address in the U.S. and in certain OCONUS locations B. Address is a complete unit. All required elements must be included for a successful update.
17.	Mailing Address US Postal Region ZIP Extension Code	O	A. Recommended if known and sending an address in the U.S. and in certain OCONUS locations. B. Address is a complete unit. All required elements must be included for a successful update.
18.	Mailing Address Country Code	S	A. Required if sending patient address. B. Address is a complete unit. All required elements must be included for a successful update.
19.	Home Telephone Number Code	O	

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required	Business Rules
20.	Work Telephone Number Code	O	
21.	Fax Telephone Number Code	O	
22.	Patient Death Calendar Date	S	A. Required if person is deceased. For non-DoD beneficiaries only. B. Must be <= current date.
23.	Organ Donor Code	S	Required if organ donor is being updated. Update if there is an organ donor date greater than date on DEERS.
24.	Organ Donor Calendar Date	S	Required if organ donor is being updated. Update if there is an organ donor date greater than date on DEERS.
25.	Blood Type Code	S	Required if blood type is being updated.
26.	Blood Type Source Code	S	A. Required if blood type is being updated. B. An ABO blood group and Rh type for a patient can come in from multiple data sources. Updates are managed by a hierarchy of authority for the data: personnel can input when a blood type does not exist during the DoD ID card issue process, but cannot update data input by a medical source; an MTF can input or update as necessary as a result of clinical processes but cannot update data input by the Defense Blood Standard System (DBSS); the DBSS can input or update all other source data input. No other sources of ABO blood group and Rh type have been identified for input and update into DEERS.
	Acknowledgement Response		
	Patient Information		DEERS will generate the Patient Identifier and send it to the MHS in response to the Add Patient information and event.
	Patient Identifier		DEERS will generate.
	Person Identifier		Taken from inbound transaction.
	Person Identifier Type Code		Taken from inbound transaction.
	Person Last Name		Taken from inbound transaction.
	Person First Name		Taken from inbound transaction.
	Person Middle Name		Taken from inbound transaction.
	Person Cadency Name		Taken from inbound transaction.
	Person Birth Calendar Date		Taken from inbound transaction.

Who Enforces the Rules C=CHCS M=MCSC D=DEERS
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Who Enforces the Rules C=CHCS M=MCSC D=DEERS
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	Event and Data Flow	Data Type 0=Optional S=Situational R=Required	Business Rules	Who Enforces the Rules C=CHCS M=MCSC D=DEERS
			Possible Patient Updates (includes DoD beneficiaries and non DoD beneficiaries)	
			1. ABO blood group and RH type.	
			2. Organ donor information.	
			3. Date of death information for non-DoD beneficiaries.	
			4. Address changes.	
			5. Telephone number changes.	
			DEERS will not accept null values from CHCS as updates.	D
	Patient Information			
1.	Patient Update Code	R		D
2.	Patient Identifier	R	The Patient Id must be used to make updates and corrections to existing Patient data.	D
3.	Mailing Address Update Code	S	Required if the address is being updated.	C
4.	Mailing Address Type Code	S	A. Must be included if updating the mailing address information. B. Address is a complete unit. All required elements must be included for a successful update.	C,D
			If current mailing address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	D
5.	Mailing Address Effective Calendar Date	S	A. Must be included if updating the mailing address information. B. Address is a complete unit. All required elements must be included for a successful update.	C,D
			If current mailing address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update	D
6.	Mailing Address Line 1 Text	S	A. Must be included if updating the mailing address information. B. Address is a complete unit. All required elements must be included for a successful update.	C,D
			If current mailing address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	D

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required	Business Rules	Who Enforces the Rules C=CHCS M=MCSC D=DEERS
7.	Mailing Address Line 2 Text	O	A. Depends on length of address. B. Address is a complete unit. All required elements must be included for a successful update.	C,D
			If current mailing address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	D
8.	Mailing Address City Name	S	Address is a complete unit. All required elements must be include for a successful update.	C,D
			If current mailing address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	D
9.	Mailing Address US Postal Region State Code	S	A. Required if address is in the U.S. and in certain OCONUS locations. B. Address is a complete unit. All required elements must be included for a successful update.	C,D
			If current mailing address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	D
10.	Mailing Address US Postal Region ZIP Code	S	A. Required if address is in the U.S. and in certain OCONUS locations. B. Address is a complete unit. All required elements must be included for a successful update.	C,D
			If current mailing address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	D
11.	Mailing Address US Postal Region ZIP Extension Code	O	Recommended if known and address is in the U.S. and in certain OCONUS locations having postal codes.	C
			If current mailing address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	D
12.	Mailing Address Country Code	S	Address is a complete unit. All required elements must be include for a successful update.	C,D
			If current mailing address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	D
13.	Telephone Number Update Code	S	Required if a telephone number is being updated.	C,D
14.	Home Telephone Number Code	S	At least one telephone number must be populated if the Telephone Number Update Code indicates an update.	C,D
15.	Work Telephone Number Code	S	At least one telephone number must be populated if the Telephone Number Update Code indicates an update.	C,D
16.	Fax Telephone Number Code	S	At least one telephone number must be populated if the Telephone Number Update Code indicates an update.	C,D
17.	Patient Death Calendar Date	S	A. Required if person is deceased. For non-DoD beneficiaries only. B. Must be <= current date.	C,D

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required	Business Rules	Who Enforces the Rules C=CHCS M=MCSC D=DEERS
18.	Organ Donor Code	S	Required if organ donor is being updated.	C,D
19.	Organ Donor Calendar Date	S	Update if there is an organ donor date greater than date on DEERS.	D
			Required if organ donor is being updated.	C,D
20.	Blood Type Code	S	Required if blood type is being updated.	C,D
21.	Blood Type Source Code	S	Required if blood type is being updated.	D
			An ABO blood group and Rh type for a patient can come in from multiple data sources. Updates are managed by a hierarchy of authority for the data: personnel can input when a blood type does not exist during the DoD ID card issue process, but cannot update data input by a medical source; an MTF can input or update as necessary as a result of clinical processes but cannot update data input by the Defense Blood Standard System (DBSS); the DBSS can input or update all other source data input. No other sources of ABO blood group and Rh type have been identified for input and update into DEERS.	C.D

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	Inquiry	
1.	Person/Family Transaction Type Code	R
2.	Inquiry Person Type Code	S
3.	Inquiry Person Identifier	R
4.	Inquiry Person Identifier Type Code	R
5.	Person Last Name	O
6.	Person Birth Calendar Date	O
7.	HCDP Type Code	R
8.	Health Care Coverage Inquiry Period Begin Calendar Date	R
9.	Health Care Coverage Inquiry Period End Calendar Date	R
	Totals and Locking Option:	
10.	Catastrophic Cap/ Deductible Totals/ Lock Inquiry Type Code	R
11.	Catastrophic Cap/ Deductible Detail Update Identifier	S
12.	Catastrophic Cap/ Deductible Detail Type Code	S
	Response	
	Sponsor Information:	
	DEERS Identifier	
	Person Identifier	
	Person Identifier Type Code	
	Person Last Name	
	Person First Name	
	Person Middle Name	
	Person Cadency Name	
	Person Birth Calendar Date	
	Person Sex Code	
	Person Death Calendar Date	

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	Family Fiscal Year Catastrophic Cap and Deductible Accumulation Information:	
	HCDP Code	
	Family Fiscal Year Deductible Cumulative Amount	
	Family Fiscal Year Catastrophic Cap Cumulative Amount	
	HCDP Policy Fiscal Year Date	
	Family Enrollment Year Catastrophic Cap and Deductible Accumulation Information:	
	HCDP Code	
	Family Enrollment Year Catastrophic Cap Cumulative Amount	
	Family Point of Service Enrollment Year Deductible Cumulative Amount	
	HCDP Policy Enrollment Period Begin Calendar Date	
	Lock Information:	
	Catastrophic Cap/ Deductible Lock Source System Name	
	Catastrophic Cap/ Deductible Lock Calendar Date	
	Catastrophic Cap/ Deductible Lock Time	
	Family Member Information:	
	DEERS Identifier	
	Patient Identifier	
	Person Identifier	
	Person Identifier Type Code	
	Person Last Name	
	Person First Name	
	Person Middle Name	
	Person Cadency Name	
	Person Birth Calendar Date	
	Person Sex Code	
	Mailing Address Type Code	
	Mailing Address Effective Calendar Date	
	Mailing Address Line 1 Text	
	Mailing Address Line 2 Text	
	Mailing Address City Name	
	Mailing Address US Postal Region State Code	
	Mailing Address US Postal Region ZIP Code	
	Mailing Address US Postal Region ZIP Extension Code	
	Mailing Address Country Code	
	Home Telephone Number Code	
	Work Telephone Number Code	
	Fax Telephone Number Code	

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	Health Care Coverage Information:	
	HCDP Type Code	
	HCDP Plan Coverage Code	
	Health Care Coverage Begin Calendar Date	
	Health Care Coverage End Calendar Date	
	Health Care Coverage End Reason Code	
	Health Care Coverage Copayment Factor Code	
	Health Care Coverage Special Entitlement Code (exemptions)	
	Health Care Coverage Service Branch Classification Code	
	Health Care Coverage Member Category Code	
	Health Care Coverage Member Relationship Code	
	Health Care Coverage Pay Plan Code	
	Health Care Coverage Pay Grade Code	
	PCM Information:	
	HCDP Plan Coverage Code	
	PCM Region Code	
	PCM Enrolling Division DMIS Identifier	
	PCM Network Provider Type Code	
	PCM Identifier	
	PCM Identifier Type Code	
	PCM Name	
	PCM Telephone Number Code	
	PCM Mailing Address US Postal Region ZIP Code	
	PCM Mailing Address US Postal Region ZIP Extension Code	
	PCM Mailing Address Country Code	
	PCM Selection Begin Calendar Date	
	PCM Selection End Calendar Date	
	PCM Selection End Reason Code	

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	OHI Information:	
	Health Insurance Carrier Identifier	
	Health Insurance Carrier Identifier Type Code	
	OHI Policy Identifier	
	OHI Effective Calendar Date	
	OHI Expiration Calendar Date	
	OHI Status Code	
	OHI Transaction Calendar Date	
	OHI Transaction System Name	
	OHI Medical Coverage Indicator Code	
	OHI Dental Coverage Indicator Code	
	OHI Inpatient Coverage Indicator Code	
	OHI Outpatient Coverage Indicator Code	
	OHI Long Term Care Coverage Indicator Code	
	OHI Pharmacy Coverage Indicator Code	
	OHI Mental Health Coverage Indicator Code	
	OHI Vision Coverage Indicator Code	
	OHI Partial Hospitalization Coverage Indicator Code	
	OHI Skilled Nursing Care Coverage Indicator Code	
	OGP Information:	
	OGP Type Code	
	OGP Begin Reason Code	
	OGP Effective Calendar Date	
	OGP Expiration Calendar Date	
	NAS Information:	
	NAS Identifier	
	NAS Issuing Military Treatment Facility DMIS Identifier	
	NAS Issue Calendar Date	
	NAS Cancel Calendar Date	
	Individual Fiscal Year Catastrophic Cap and Deductible Accumulation Information:	
	HCDP Code	
	Individual Fiscal Year Deductible Cumulative Amount	
	HCDP Policy Fiscal Year Code	
	Individual Enrollment Year Catastrophic Cap and Deductible Accumulation Information:	
	HCDP Code	
	Individual Point of Service Enrollment Year Deductible Cumulative Amount	
	Individual Enrollment Begin Calendar Date	
	Individual Enrollment End Calendar Date	

Business Rules	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
"P" for person/"F" for family. If value is blank, DEERS will default to "P."	D
Required if a family inquiry is selected. Identifies whose Id is being submitted, sponsor or family member.	D
	D
Acceptable values are SSN, TIN, FIN.	D
Optional, but recommended to insure correct person identification.	M,D
Optional, but recommended to insure correct person identification.	M,D
Must be prior to or equal to current date.	D
M=Health Care	D
A. Inquiry period may be a date range or single date where begin date equals the end date. B. Not more than 3 years past loss of eligibility.	D
Must be >= inquiry begin date.	D
Indicate if lock is being requested.	D
Required if a lock is requested.	D
Required if a lock is requested. Specifies type of update: claim, enrollment fee, or adjustment.	D

Business Rules	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
If inquirer requests totals, this info will be shown. Zeros will be shown if no totals for inquiry period requested.	
Lock info will be returned if inquirer placed a lock, or if totals are currently locked.	
This information will repeat for each person included in the response. For example in a family inquiry, this info would repeat for the sponsor and all associated family members. In a person inquiry (spouse), only spouse information would appear in this section.	

Business Rules	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
This info will repeat for each coverage period for each person included in the response. If not enrolled in any plan, then the following data will be shown: HCDP Type Code, HCDP Plan Coverage Code, Health Care Coverage Begin and End Calendar Dates, and HCDP Enrollment End Reason Code.	
Derived by DEERS based on factors that influence a new coverage period.	
Derived by DEERS based on factors that influence a new coverage period.	
Derived by DEERS based on factors that influence a new coverage period.	
To link PCM with Coverage Information for dual enrollments due to dual eligibility.	

Business Rules	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
Shows all OHIs in effect for inquiry period, if any.	
Shows all OGPs in effect for inquiry period, if any.	
Shows all NASs issued and cancelled during inquiry period, if any.	
If inquirer requests totals, this info will be shown. Zeros will be shown if no totals for inquiry period requested.	

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	Inquiry Options	
	Insured Information	
1.	DEERS Identifier	R
	Inquiry Period Information	
2.	Catastrophic Cap/ Deductible Inquiry Period Begin Calendar Date	R
3.	Catastrophic Cap/ Deductible Inquiry Period End Calendar Date	R
	Lock Information	
4.	Catastrophic Cap/ Deductible Lock Update Code	R
5.	Catastrophic Cap/ Deductible Detail Update Identifier	R
6.	Catastrophic Cap and Deductible Detail Type Code	R

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	Response with CC&D totals	
	Insured Information	
	DEERS ID	
	Patient ID	
	Family Fiscal Year Catastrophic Cap and Deductible Accumulation Information	
	HCDP Code	
	Family Fiscal Year Deductible Cumulative Amount	
	Family Fiscal Year Catastrophic Cap Cumulative Amount	
	HCDP Policy Fiscal Year Date	
	Family Enrollment Year Catastrophic Cap and Deductible Accumulation Information	
	HCDP Code	
	Family Enrollment Year Catastrophic Cap Cumulative Amount	
	Family Point of Service Enrollment Year Deductible Cumulative Amount	
	HCDP Policy Enrollment Period Begin Calendar Date	
	Individual Fiscal Year Catastrophic Cap and Deductible Accumulation Information	
	HCDP Code	
	Individual Fiscal Year Deductible Cumulative Amount	
	HCDP Policy Fiscal Year Date	
	Individual Enrollment Year Catastrophic Cap and Deductible Accumulation Information	
	HCDP Code	
	Individual Point of Service Enrollment Year Deductible Cumulative Amount	
	Individual Enrollment Begin Calendar Date	
	Individual Enrollment End Calendar Date	
	Lock Information	
	Catastrophic Cap/ Deductible Detail Lock Source System Name	
	Catastrophic Cap/ Deductible Lock Calendar Date	
	Catastrophic Cap/ Deductible Lock Time	

DEERS/Medical IOD Appendix F
Business Rules: W. Catastrophic Cap and Deductible Totals Inquiry

Business Rules	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
Health Care Coverage Inquiry for Catastropic Cap and Deductible Activity is required before CC&D totals may be locked and updates made.	
CC&D totals will be displayed for inquiry period requested, showing family and individual fiscal year totals (Standard, CHCBP, and POS caps) and enrollment year totals (Prime and POS deductibles).	
DEERS will derive the Catastrophic Cap/ Deductible Detail Source System Name, Catastrophic Cap/ Deductible Lock Calendar Date, and Catastrophic Cap/ Deductible Lock Time from the message header information.	D
	D
A single date or a date span is allowed.	M,D
No more than 3 years past eligibility will be shown online.	D
A single date or a date span is allowed.	M,D
A. No more than 3 years past eligibility will be shown online. B. Must be >= inquiry begin date.	D
MCSC must lock the record if the intent is to update CC&D amounts. DEERS will then lock the subscriber and all associated insured family member's cat cap and deductible totals and prevent updates from other entities during the lock period. The detail identifier used for locking must match the detail identifier used for updating. The claims lock period is 48 hours or until the lock is released, whichever comes first. If the MCSC needs more than 48 hours for updates, they may extend the lock by performing another CC&D Totals Inquiry to lock a locked record. When this happens, a new lock date and time will be set. Only the same locking organization who placed the lock may extend the lock, and only if the claim lock identifier matches the identifier used to lock the record initially.	
	M,D
	M,D
Specifies type of update: claim, enrollment fee, or adjustment.	M,D

Business Rules	Who Enforces the Rules M=MCSC C=CHCS D=DEERS
Both family and individual totals will be shown in the response. Zeros will be shown if there are no dollar amounts for inquiry period.	
Both family and individual totals will be shown in the response. Zeros will be shown if there are no dollar amounts are for inquiry period. Individual totals are given for the requested individual insured.	
Note: These fields will be blank if not locked.	

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required	Business Rules
			MCSC must lock CC&D totals before updating CC&D amounts.
			If any update sent to DEERS causes the accumulated catastrophic cap or deductible totals to be less than $0, DEERS will accept the update, but will return a warming.
			DEERS derived from the message Header. Catastrophic Cap/ Deductible Detail Update Source System Identifier must be the same as the Catastrophic Cap/ Deductible Detail Lock Source System Identifier or an error will occur. If the organization who locked the record needs more than 48 hours to adjudicate the claim, they may extend the lock by performing another Claims Total Inquiry, as long as the claim lock identifier matches the identifier used to lock the record initially.
	Update CC&D Amounts		
	Insured Information:		
1.	DEERS ID	R	
	Lock Removal Information:		The MCSC may elect to lock or not unlock the totals. If the MCSC wishes only to remove the lock, they must do so with this update. They would indicate to remove the lock and send a zero update dollar amount.
2.	Catastrophic Cap/ Deductible Lock Update Code	R	Indicate whether to remove or not remove a lock.
	Catastrophic Cap/ Deductible Detail Identification Information:		
3.	Catastrophic Cap/ Deductible Detail Update Identifier	R	Must be the same identifier used to lock CC&D totals.
4.	Catastrophic Cap/ Deductible Detail Split Claim Identifier	O	The extension identifier is used for split fiscal year claims.
5.	Catastrophic Cap/ Deductible Detail Type Code	R	Specifies type of update: claim, enrollment fee, or adjustment.
	Claim Period Information:		Claim updates include adding new amounts, adjusting a claim (sending an update with the net change), and cancels (sending an update with the exact negative amount of claim). At least one payment amount must be sent with the update, even if a zero amount.
6.	Claim Service Period Begin Calendar Date	R	Single date or date range required for enrollment year updates. This date will be used for fiscal year or enrollment year updates. DEERS does not validate if the service period spans fiscal or enrollment years. DEERS just stores this with the update.

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required	Business Rules
7.	Claim Service Period End Calendar Date	R	Single date or date range required for enrollment year updates. This date will be used for fiscal year or enrollment year updates. DEERS does not validate if the service period spans fiscal or enrollment years. DEERS just stores this with the update.
	Fiscal Year Catastrophic Cap and Deductible Update Information		
8.	HCDP Code	S	Required if Enrollment Year CC/D is not being updated.
9.	Fiscal Year Deductible Payment Amount	S	If updating Fiscal Year amounts, at least one payment amount must be sent with the update.
10.	Fiscal Year Catastrophic Cap Payment Amount	S	If updating Fiscal Year amounts, at least one payment amount must be sent with the update.
11.	HCDP Policy Fiscal Year Date	S	Required if fiscal year updates are made.
	Enrollment Year Catastrophic Cap and Deductible Update Information		
12.	HCDP Code	S	Required if Fiscal Year CC/D is not being updated.
13.	Enrollment Year Catastrophic Cap Payment Amount	S	If updating Enrollment Year amounts, at least one payment amount must be sent with the update.
14.	Point of Service Enrollment Year Deductible Payment Amount	S	If updating Enrollment Year amounts, at least one payment amount must be sent with the update.
15.	HCDP Enrollment Year Payment Effective Calendar Date	S	A. Required if enrollment year updates are made. B. DEERS will only accept the month, day and year corresponding for the update. This date cannot be more than 3 years past loss of eligibility.

Who Enforces the Rules
M=MCSC
C=CHCS
D=DEERS
M,D
D
D
D
M, D
M, D
M, D
M, D
M
M

Who Enforces the Rules
M=MCSC
C=CHCS
D=DEERS
M
M,D
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M, D
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M, D
M, D

	Event and Data Flow	Data Type
		0=Optional S=Situational R=Required
	Inquiry Options	
	Inquiry Information:	
1.	HCDP Type Code	R
2.	Person/Family Transaction Type Code	R
3.	Inquiry Person Type Code	S
4.	Inquiry Person Identifier	R
5.	Inquiry Person Identifier Type Code	R
6.	Person Last Name	O
7.	Person Birth Calendar Date	O
	Inquiry Period:	
8.	HCDP Policy Fiscal Year Date	S
	OR	
9.	Catastrophic Cap/ Deductible Inquiry Period Begin Calendar Date	S
10.	Catastrophic Cap/ Deductible Inquiry Period End Calendar Date	S
	Detail Information (Optional):	
11.	Catastrophic Cap/ Deductible Detail Update Identifier	O

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	Response	
	Person Information:	
	DEERS Identifier	
	Person Identifier	
	Person Identifier Type Code	
	Person Last Name	
	Person First Name	
	Person Middle Name	
	Person Cadency Name	
	Person Birth Calendar Date	
	Current Lock Information:	
	Catastrophic Cap/ Deductible Detail Lock Source System Name	
	Catastrophic Cap/ Deductible Lock Calendar Date	
	Catastrophic Cap/ Deductible Lock Time	
	Claim Period Information:	
	Claim Service Period Begin Calendar Date	
	Claim Service Period End Calendar Date	
	Fiscal Year Catastrophic Cap and Deductible Detail Information:	
	HCDP Code	
	Fiscal Year Deductible Payment Amount	
	Fiscal Year Catastrophic Cap Payment Amount	
	HCDP Policy Fiscal Year Date	
	Enrollment Year Catastrophic Cap and Deductible Detail Information:	
	HCDP Code	
	Enrollment Year Catastrophic Cap Payment Amount	
	Point of Service Enrollment Year Deductible Payment Amount	
	HCDP Enrollment Year Payment Effective Calendar Date	

	Event and Data Flow	Data Type
		0=Optional
		S=Situational
		R=Required
	<u>Catastrophic Cap/ Deductible Identification Information</u>:	
	Catastrophic Cap/ Deductible Detail Update Identifier	
	Catastrophic Cap/ Deductible Detail Split Claim Identifier	
	Catastrophic Cap/ Deductible Detail Type Code	
	<u>Update System Identification Information</u>:	
	Catastrophic Cap/ Deductible Source System Name	
	<u>Transaction Information</u>:	
	Catastrophic Cap/ Deductible Detail Transaction Calendar Date	
	Catastrophic Cap/ Deductible Detail Transaction Time	

Business Rules	Who Enforces the Rules C=CHCS M=MCSC D=DEERS
	D
M=Health Care	D
"P" for person/"F" for family. If value is blank, DEERS will default to "P."	D
Required if a family inquiry is selected. Identifies whose Id is being submitted, sponsor or family member.	D
	D
Acceptable values are SSN, TIN, FIN, and DEERS Id.	D
Optional, but recommended to insure correct person identification if not using DEERS Id.	M, D
Optional, but recommended to insure correct person identification if not using DEERS Id.	M, D
May inquire either using a Fiscal Year or a date range. In either case, both fiscal year and enrollment year transaction details w return, if applicable.	
A. May inquire using a specific fiscal year. B. This date cannot be more that three years past loss of eligibility.	M, D
OR	
A single date or a date span is allowed. Not more than 3 years past eligibility will be shown online.	M, D
A. A single date or a date span is allowed. Not more than 3 years past eligibility will be shown online. B. Must be >= inquiry begin date.	M, D
The inquirer may or may not opt to query using a specific detail identifier. If a Detail Id is entered, DEERS will only return poste CC&D updates that match the specified detail identifier and any related detail extension identifiers (for split claims).	M

Business Rules	Who Enforces the Rules C=CHCS M=MCSC D=DEERS
Lock information will be returned only if totals are currently locked.	
DEERS will return posted cat cap and deductible amounts. These could either a positive or negative number.	
Fiscal Year to which cat cap and deductible amounts are applied.	
Month, day and year corresponding to the enrollment year to which cat cap and deductible amounts are applied.	

Business Rules	Who Enforces the Rules C=CHCS M=MCSC D=DEERS
DEERS-derived from the message header at time of update.	
DEERS-derived from the message header at time of update.	
DEERS-derived from the message header at time of update.	

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	Inquiry Options	
1.	Inquiry Person Identifier	R
2.	Inquiry Person Identifier Type Code	R
3.	Person Last Name	O
4.	Person Birth Calendar Date	O
	NAS Information:	
5.	NAS Inquiry Period Begin Calendar Date	S
	AND	
6.	NAS Inquiry Period End Calendar Date	S
	OR	
7.	NAS Identifier	S
	Response to NAS Inquiry	
	Sponsor Info:	
	NAS Sponsor SSN Identifier	
	NAS Sponsor Surname Text	
	NAS Sponsor Forename Text	
	NAS Sponsor Middle Name Text	
	NAS Sponsor Cadency Name Text	
	NAS Sponsor Service Branch Classification Code	
	Patient Info:	
	Person Identifier	
	Person Identifier Type Code	
	NAS Patient SSN Identifier	
	NAS Patient Surname Text	
	NAS Patient Forename Text	
	NAS Patient Middle Name Text	
	NAS Patient Cadency Name Text	
	NAS Patient Birth Calendar Date	
	NAS Patient Sex Code	
	NAS Patient Mailing Address Line 1 Text	

Event and Data Flow	Data Type 0=Optional S=Situational R=Required
NAS Patient Mailing Address Line 2 Text	
NAS Patient Mailing Address City Name	
NAS Patient Mailing Address US Postal Region State Code	
NAS Patient Mailing Address US Postal Region ZIP Code	
NAS Patient Mailing Address US Postal Region ZIP Extension Code	
NAS Patient Mailing Address Country Code	
NAS Information:	
NAS Identifier	
NAS Status Code	
NAS Diagnostic Category Code	
NAS Patient Category Code	
NAS Issue Reason Code	
NAS Issuing Military Treatment Facility DMIS Identifier	
NAS Issuing Military Treatment Facility Service Branch Classification Code	
NAS Issue Calendar Date	
NAS Cancel Calendar Date	
NAS Issuing Official Surname Text	
NAS Issuing Official Forename Text	
NAS Issuing Official Middle Name Text	
NAS Issuing Official Rank Text	
NAS Issuing Official Title Text	
NAS Admitting Treatment Facility Calendar Date	
NAS Admitting Treatment Facility Name	
NAS Medically Inappropriate Reason Code	
NAS Medically Inappropriate Military Treatment Facility DMIS Identifier	
NAS Medically Inappropriate Miles Quantity	
NAS Medically Inappropriate Military Treatment Facility Mailing Address City Name	
NAS Medically Inappropriate Military Treatment Facility Mailing Address US Postal Region State Code	
NAS Medically Inappropriate Military Treatment Facility Mailing Address US Postal Region ZIP Code	

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	NAS Medically Inappropriate Military Treatment Facility Mailing Address US Postal Region ZIP Extension Code	
	NAS Medically Inappropriate Military Treatment Facility Mailing Address Country Code	
	NAS Remark Text	
	OHI Indicator Code	

Business Rules	Who Enforces the Rules C=CHCS M=MCSC D=DEERS
Both person and NAS information is required.	
	D
Acceptable values SSN, TIN, DEERS Id, Patient Id.	D
Optional, but recommended to insure correct person identification if not using DEERS Id or Patient Id.	C,M,D
A. Optional, but recommended to insure correct person identification if not using DEERS Id or Patient Id. B. Date must be <= current date.	C,M,D
A. Required if no NAS Identifier is not submitted. B. Required in conjunction with the NAS Inquiry End Calendar Date.	D
AND	
A. Required if no NAS Identifier is not submitted. B. Required in conjunction with the NAS Inquiry Begin Calendar Date.	D
NAS Inquiry End Calendar Date must be equal or greater than NAS Inquiry Begin Calendar Date.	D
OR	
Required if no NAS Inquiry Begin / End Calendar Dates are supplied.	D
DEERS will return the ID used in the inquiry	
DEERS will return the ID used in the inquiry	

Business Rules	Who Enforces the Rules
	C=CHCS
	M=MCSC
	D=DEERS
Effective Date of the NAS.	
Only appears if the NAS has been cancelled.	
Represents Rank or Grade, depending on official.	
Only appears if NAS was issued retroactively.	
Only appears if NAS was issued retroactively.	
Only appears if NAS was issued for a Medically Inappropriate Reason.	
Only appears if NAS was issued for a Medically Inappropriate Reason; Facility information derived from DMIS ID.	
Only appears if NAS was issued for a Medically Inappropriate Reason.	
Only appears if NAS was issued for a Medically Inappropriate Reason.	
Only appears if NAS was issued for a Medically Inappropriate Reason.	
Only appears if NAS was issued for a Medically Inappropriate Reason.	

Business Rules	Who Enforces the Rules
	C=CHCS M=MCSC D=DEERS
Only appears if NAS was issued for a Medically Inappropriate Reason.	
Only appears if NAS was issued for a Medically Inappropriate Reason.	
Set by DEERS if OHI information exists for Issue Date. To obtain the OHI information, a separate OHI inquiry should be done.	

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	Issue NAS	
	Sponsor Info:	
1.	NAS Sponsor SSN Identifier	R
2.	NAS Sponsor Surname Text	R
3.	NAS Sponsor Forename Text	R
4.	NAS Sponsor Middle Name Text	O
5.	NAS Sponsor Cadency Name Text	O
6.	NAS Sponsor Service Branch Classification Code	R
	Patient Info:	
7.	Patient Identifier	R
	NAS Information:	
8.	NAS Update Code	R
9.	NAS Identifier	N/A
10.	NAS Issue Type Code	R
11.	NAS Diagnostic Category Code	R
12.	NAS Patient Category Code	R
13.	NAS Issue Reason Code	R
14.	NAS Issuing Military Treatment Facility DMIS Identifier	R
15.	NAS Issue Calendar Date	R
16.	NAS Issuing Official Surname Text	R
17.	NAS Issuing Official Forename Text	R
18.	NAS Issuing Official Middle Name Text	O
19.	NAS Issuing Official Rank Text	R
20.	NAS Issuing Official Title Text	R
21.	NAS Admitting Treatment Facility Calendar Date	S
22.	NAS Admitting Treatment Facility Name	S
23.	NAS Medically Inappropriate Reason Code	S
24.	NAS Medically Inappropriate Military Treatment Facility DMIS Identifier	S
25.	NAS Medically Inappropriate Miles Quantity	S
26.	NAS Remark Text	O

	Event and Data Flow	Data Type
		0=Optional S=Situational R=Required
	Response to NAS Issuance	
	Patient Info:	
	Patient Identifier	
	NAS Information:	
	NAS Identifier	
	OHI Indicator Code	

Business Rules	Who Enforces the Rules
	C=CHCS
	M=MCSC
	D=DEERS
DEERS does not determine the time period for which a NAS is effective.	
	D
	D
	D
	D
	D
	D
Id of beneficiary.	D
Add.	D
Generated by DEERS using the Issue Date, Issuing DMIS, and Issue Type; NAS Identifier will be returned in NAS acknowledgment.	D
Used to identify if a regular, chronic, retroactive, or chronic retroactive NAS.	C,D
DEERS will validate these codes.	C,D
The Issuing Facility is responsible for validating this field.	C
If Medically Inappropriate, certain information must be provided.	C
DEERS will validate the issuing facility is an authorized site for issuing NAS.	C,D
Effective date of the NAS;used in claims processing for service date of claim.	C
	C
	C
	C
Represents rank or grade, depending on official.	C
	C
Supplied if NAS issued retroactively.	C
Supplied if NAS issued retroactively.	C
Only appears if NAS was issued for a medically inappropriate reason.	C,D
Only appears if NAS was issued for a medically inappropriate reason.	C,D
Only appears if NAS was issued for a medically inappropriate reason.	C,D
All OHI information should be supplied using the OHI inquiry/update transactions. DEERS will not validate or track OHI information from NAS.	C

Business Rules	Who Enforces the Rules
	C=CHCS
	M=MCSC
	D=DEERS
This is the same Patient ID sent to issue the NAS.	
Generated and maintained by DEERS.	
Set by DEERS if OHI information exists for Issue Date.	

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	NAS Cancellation	
	Patient Info:	
1.	Patient Identifier	R
	NAS Information:	
2.	NAS Update Code	R
3.	NAS Identifier	R
4.	NAS Issuing Military Treatment Facility DMIS Identifier	R
5.	NAS Issue Calendar Date	R
6.	NAS Cancel Calendar Date	R

Business Rules	Who Enforces the Rules C=CHCS M=MCSC D=DEERS
	D
Cancel.	D
Must match a NAS stored on DEERS.	D
DEERS will validate that this facility is the Issuing Facility. Only the facility that issued the NAS can cancel it.	D
Must match the original NAS Issue Calendar Date.	D
A. Must be >= NAS Issue Calendar Date B. DEERS will set the NAS Status Code to "Cancel"	C,D

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	Inquiry Options	
	Inquiry Information:	
1.	Inquiry Person Identifier	R
2.	Inquiry Person Identifier Type Code	R
	OHI Inquiry Period:	
3.	OHI Inquiry Period Begin Calendar Date	S
4.	OHI Inquiry Period End Calendar Date	S
	OR	
	OHI Policy Information:	
5.	Health Insurance Carrier Identifier	S
6.	Health Insurance Carrier Identifier Type Code	S
7.	OHI Policy Identifier	S
8.	OHI Coverage Indicator Type Code	O
	OHI Inquiry Response	
	Person/Patient Information:	
	DEERS Identifier	
	OR	
	Patient Identifier	
	OHI Information:	
	Health Insurance Carrier Identifier	
	Health Insurance Carrier Identifier Type Code	
	OHI Policy Identifier	
	OHI Status Code	
	OHI Transaction System Name	
	OHI Transaction Calendar Date	
	OHI Effective Calendar Date	
	OHI Expiration Calendar Date	
	OHI Medical Coverage Indicator Code	
	OHI Dental Coverage Indicator Code	
	OHI Inpatient Coverage Indicator Code	
	OHI Outpatient Coverage Indicator Code	
	OHI Long Term Care Coverage Indicator Code	
	OHI Pharmacy Coverage Indicator Code	
	OHI Mental Health Coverage Indicator Code	
	OHI Vision Coverage Indicator Code	
	OHI Partial Hospitilization Coverage Indicator Code	
	OHI Skilled Nursing Care Coverage Indicator Code	

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	OHI Policyholder Person Association Reason Code	
	OHI Policyholder Surname Text	
	OHI Policyholder Forename Text	
	OHI Policyholder Middle Name Text	
	OHI Policyholder Identifier	
	OHI Group Policy Name	
	OHI Group Plan Identifier	
	OHI Group Employer Name	
	OHI Group Employer Mailing Address Line 1 Text	
	OHI Group Employer Mailing Address Line 2 Text	
	OHI Group Employer Mailing Address City Name	
	OHI Group Employer Mailing Address US Postal Region State Code	
	OHI Group Employer Mailing Address US Postal Region ZIP Code	
	OHI Group Employer Mailing Address US Postal Region ZIP Extension Code	
	OHI Group Employer Mailing Address Country Code	
	OHI Group Employer Telephone Number Code	

Business Rules	Who Enforces the Rules C=CHCS M=MCSC D=DEERS
Other Health Insurance (OHI) identifies non-DoD health insurance.	
	D
Allowable values are DEERS Id or Patient Id.	D
Required to inquire on OHI policies within a date range if not inquiring using the Carrier Identifier.	C,M,D
Required to inquire on OHI policies within a date range if not using the Carrier Identifier.	C,M,D
The End Calendar Date must be greater than the Begin Calendar Date.	D
Required to inquire on a specific OHI policy if not using an inquiry period.	D
Muat be a valid entry on the SIT	
Required to inquire on a specific OHI policy if not using an inquiry period.	D
Muat be a valid entry on the SIT	D
Required to inquire on a specific OHI policy if not using an inquiry period.	D
Used to inquire on a specific OHI coverage.	C,M
If the DEERS Id is sent to DEERS, the DEERS Id will be returned.	
If the Patient Id is sent to DEERS, the Patient Id will be returned.	
Returned if this coverage is provided by this OHI policy.	
Returned if this coverage is provided by this OHI policy.	
Returned if this coverage is provided by this OHI policy.	
Returned if this coverage is provided by this OHI policy.	
Returned if this coverage is provided by this OHI policy.	
Returned if this coverage is provided by this OHI policy.	
Returned if this coverage is provided by this OHI policy.	
Returned if this coverage is provided by this OHI policy.	

Business Rules	Who Enforces the Rules C=CHCS M=MCSC D=DEERS

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required	Business Rules
			Other Health Insurance (OHI) identifies non-DoD health insurance. OHI transactions allow adding, updating, cancelling, or viewing all OHI information. OHI adds can accompany enrollments or be performed alone.
			Incomplete or inaccurate messages that don't have sufficient information to store an OHI policy for a person will be returned to the submitting system. All messages sent to DEERS will receive an acknowledgement accepting or rejecting the add or update.
	Insured Information		
1.	DEERS Identifier	S	Required to add a new OHI policy if Patient Id is not used.
	OR		
2.	Patient Identifier	S	Required to add a new OHI policy if DEERS Id is not used.
	OHI Add Information		
3.	OHI Update Code	R	Add.
4.	Health Insurance Carrier Identifier	R	Required to add a new OHI policy. Must be a valid entry on the SIT.
5.	Health Insurance Carrier Identifier Type Code	R	
6.	OHI Policy Identifier	R	
7.	OHI Effective Calendar Date	R	
8.	OHI Expiration Calendar Date	R	
9.	OHI Medical Coverage Indicator Code	S	A. At least one coverage indicator must be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.
10.	OHI Dental Coverage Indicator Code	S	A. At least one coverage indicator must be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.
11.	OHI Inpatient Coverage Indicator Code	S	A. At least one coverage indicator must be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.
12.	OHI Outpatient Coverage Indicator Code	S	A. At least one coverage indicator must be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required	Business Rules
13.	OHI Long Term Care Coverage Indicator Code	S	A. At least one coverage indicator must be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.
14.	OHI Pharmacy Coverage Indicator Code	S	A. At least one coverage indicator must be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.
15.	OHI Mental Health Coverage Indicator Code	S	A. At least one coverage indicator must be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.
16.	OHI Vision Coverage Indicator Code	S	A. At least one coverage indicator must be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.
17.	OHI Partial Hospitilization Coverage Indicator Code	S	A. At least one coverage indicator must be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.
18.	OHI Skilled Nursing Care Coverage Indicator Code	S	A. At least one coverage indicator must be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.
19.	OHI Policyholder Person Association Reason Code	R	
20.	OHI Policyholder Surname Text	R	
21.	OHI Policyholder Forename Text	R	
22.	OHI Policyholder Middle Name Text	O	
23.	OHI Policyholder Identifier	O	Recommended if known.
24.	OHI Group Policy Name	O	
25.	OHI Group Plan Identifier	O	
26.	OHI Group Employer Name	O	
27.	OHI Group Employer Mailing Address Line 1 Text	O	

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required	Business Rules
28.	OHI Group Employer Mailing Address Line 2 Text	O	
29.	OHI Group Employer Mailing Address City Name	O	
30.	OHI Group Employer Mailing Address US Postal Region State Code	O	
31.	OHI Group Employer Mailing Address US Postal Region ZIP Code	O	
32.	OHI Group Employer Mailing Address US Postal Region ZIP Extension Code	O	
33.	OHI Group Employer Mailing Address Country Code	O	
34.	OHI Group Employer Telephone Number Code	O	

Who Enforces the Rules C=CHCS M=MCSC D=DEERS
C,M,D
C,M,D
C,M,D
D
D
C,M,D
C,M
C,M
C,M,D
C,M,D
C,M,D
C,M,D

Who Enforces the Rules C=CHCS M=MCSC D=DEERS
C,M,D
C,M,D
C,M,D
C,M,D
C,M,D
C,M,D
C,M
C,M
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C,M
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C,M
C,M
C,M

Who Enforces the Rules C=CHCS M=MCSC D=DEERS
C,M
C,M
C,M
C,M
C,M
C,M
C,M

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	Insured Information:	
1.	DEERS Identifier	S
2.	OR	
	Patient Identifier	S
	OHI Update Information:	
3.	OHI Update Code	R
4.	Health Insurance Carrier Identifier	R
5.	Health Insurance Carrier Identifier Type Code	R
6.	OHI Policy Identifier	R
7.	OHI Effective Calendar Date	R
8.	OHI Expiration Calendar Date	R
9.	OHI Medical Coverage Indicator Code	S
10.	OHI Dental Coverage Indicator Code	S
11.	OHI Inpatient Coverage Indicator Code	S
12.	OHI Outpatient Coverage Indicator Code	S
13.	OHI Long Term Care Coverage Indicator Code	S
14.	OHI Pharmacy Coverage Indicator Code	S
15.	OHI Mental Health Coverage Indicator Code	S
16.	OHI Vision Coverage Indicator Code	S
17.	OHI Partial Hospitilization Coverage Indicator Code	S
18.	OHI Skilled Nursing Care Coverage Indicator Code	S

	Event and Data Flow	Data Type
		0=Optional S=Situational R=Required
19.	OHI Group Policy Name	O
20.	OHI Group Plan Identifier	O
21.	OHI Group Employer Name	O
22.	OHI Group Employer Mailing Address Line 1 Text	O
23.	OHI Group Employer Mailing Address Line 2 Text	O
24.	OHI Group Employer Mailing Address City Name	O
25.	OHI Group Employer Mailing Address US Postal Region State Code	O
26.	OHI Group Employer Mailing Address US Postal Region ZIP Code	O
27.	OHI Group Employer Mailing Address US Postal Region ZIP Extension Code	O
28.	OHI Group Employer Mailing Address Country Code	O
29.	OHI Group Employer Telephone Number Code	O

Business Rules	Who Enforces the Rules C=CHCS M=MCSC D=DEERS
Other Health Insurance (OHI) means non-DoD health insurance. OHI transactions allow adding, updating, cancelling, or viewing all OHI information. OHI updates can accompany enrollments or be performed alone.	
Required for updates if the Patient ID is not used.	D
Required for update if DEERS ID is not used.	D
Update.	C,M,D
Sent to identify an OHI policy and cannot be updated.	D
Sent to identify an OHI policy and cannot be updated.	D
Sent to identify an existing OHI policy and cannot be updated.	D
Sent to identify an existing OHI policy and cannot be updated.	D
May be updated.	C,M,D
A. At least one coverage indicator must be set for the OHI policy. Specify if this coverage is provided by this OHI policy B. This is the default covergae indicator for undetailed policies added with the Health Insurance Carrier Identifier of "Unknown".	C,M,D
At least one coverage indicator must be set for the OHI policy; Specify if this coverage is provided by this OHI policy.	C,M,D
At least one coverage indicator must be set for the OHI policy; Specify if this coverage is provided by this OHI policy.	C,M,D
At least one coverage indicator must be set for the OHI policy; Specify if this coverage is provided by this OHI policy.	C,M,D
At least one coverage indicator must be set for the OHI policy; Specify if this coverage is provided by this OHI policy.	C,M,D
At least one coverage indicator must be set for the OHI policy; Specify if this coverage is provided by this OHI policy.	C,M,D
At least one coverage indicator must be set for the OHI policy; Specify if this coverage is provided by this OHI policy.	C,M,D
At least one coverage indicator must be set for the OHI policy; Specify if this coverage is provided by this OHI policy.	C,M,D
At least one coverage indicator must be set for the OHI policy; Specify if this coverage is provided by this OHI policy.	C,M,D
At least one coverage indicator must be set for the OHI policy; Specify if this coverage is provided by this OHI policy.	C,M,D

Business Rules	Who Enforces the Rules C=CHCS M=MCSC D=DEERS
	C,M
	C,M
	C,M
	C,M
	C,M
	C,M
	C,M
	C,M
	C,M
	C,M
	C,M

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	Insured Information:	
1.	DEERS Id	S
	OR	
2.	Patient Id	S
	OHI Cancellation Information :	
3.	OHI Update Code	R
4.	Health Insurance Carrier Identifier	R
5.	Health Insurance Carrier Identifier Type Code	R
6.	OHI Policy Identifier	R
7.	OHI Effective Calendar Date	R
8.	OHI Expiration Calendar Date	R

Business Rules	Who Enforces the Rules
	C=CHCS M=MCSC D=DEERS
Other Health Insurance (OHI) identifies non-DoD health insurance.	
An OHI policy can be cancelled if the OHI should not have been added to the person Must use OHI Update to correct data on an existing OHI policy.	
Required for updates if the Patient ID is not used.	D
Required for update if DEERS ID is not used.	D
Cancel	C,M,D
Required to identify the OHI policy being cancelled. Validated with the Standard Insurance Table (SIT)	C,M,D
	C,M,D
Required to identify the OHI policy being cancelled. Validated with the Standard Insurance Table (SIT)	C,M,D
Required to identify the OHI policy being cancelled.	C,M,D
Required to identify the OHI policy being cancelled.	C,M,D

	Event and Data Flow	Data Type
		0=Optional
		S=Situational
		R=Required
	Inquiry Information	
1.	Health Insurance Carrier Identifier	S
2.	Health Insurance Carrier Identifier Type Code	S
	OR	
3.	Health Insurance Carrier Name	S
4.	Health Insurance Carrier Mailing Address US Postal Region State Code	S
5.	Health Insurance Carrier Mailing Address Country Code	S
	SIT Inquiry Response	
	SIT Information:	
	Health Insurance Carrier Identifier	
	Health Insurance Carrier Identifier Type Code	
	Health Insurance Carrier Verification Status Code	
	Health Insurance Carrier Deactivation Calendar Date	
	Health Insurance Carrier Name	
	Health Insurance Carrier Mailing Address Line 1 Text	
	Health Insurance Carrier Mailing Address Line 2 Text	
	Health Insurance Carrier Mailing Address City Name	
	Health Insurance Carrier Mailing Address US Postal Region State Code	
	Health Insurance Carrier Mailing Address US Postal Region ZIP Code	
	Health Insurance Carrier Mailing Address US Postal Region ZIP Extension Code	
	Health Insurance Carrier Mailing Address Country Code	
	Health Insurance Carrier Telephone Number 1 Code	
	Health Insurance Carrier Telephone Number 2 Code	
	Health Insurance Carrier Fax Telephone Number Code	
	Health Insurance Carrier Electronic Data Interchange Batch Indicator Code	
	Health Insurance Carrier Electronic Data Interchange Batch Remark Text	
	Health Insurance Carrier Electronic Data Interchange Clearinghouse Indicator Code	

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	Health Insurance Carrier Electronic Data Interchange Clearinghouse Remark Text	
	Health Insurance Carrier Electronic Data Interchange Interactive Indicator Code	
	Health Insurance Carrier Electronic Data Interchange Interactive Remark Text	

Business Rules	Who Enforces the Rules C=CHCS M=MCSC D=DEERS
The Standard Insurance Table (SIT) is maintained in DEERS by the DoD SIT validation agency. A copy of the SIT is maintained locally by user sites. There are several actions that can be taken: an inquiry to verify a carrier for assignment of an OHI policy to a person, an update to SIT information for validation by the DoD SIT validation agency, and the cancellation of an update sent to the SIT for validation by the SIT agency.	
Required for an inquiry to view a specific Insurance Company the SIT Carrier ID is known.	C,M,D
Required for an inquiry to view a specific Insurance Company the SIT Carrier ID is known.	C,M,D
Required for an inquiry to view an specific Insurance Company when the Carrier is not known and the Company Name is known.	C,M,D
Required for an inquiry when only the Company Name is known.	C,M,D
Required for an inquiry when only the Company Name is known.	C,M,D

Business Rules	Who Enforces the Rules C=CHCS M=MCSC D=DEERS

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required
	SIT Add	
1.	SIT Update Type Code	R
2.	Health Insurance Carrier Name	R
3.	Health Insurance Carrier Mailing Address Line 1 Text	R
4.	Health Insurance Carrier Mailing Address Line 2 Text	O
5.	Health Insurance Carrier Mailing Address City Name	R
6.	Health Insurance Carrier Mailing Address US Postal Region State Code	S
7.	Health Insurance Carrier Mailing Address US Postal Region ZIP Code	S
8.	Health Insurance Carrier Mailing Address Postal US Region ZIP Extension Code	O
9.	Health Insurance Carrier Mailing Address Country Code	R
10.	Health Insurance Carrier Telephone Number 1 Code	R
11.	Health Insurance Carrier Telephone Number 2 Code	O
12.	Health Insurance Carrier Fax Telephone Number Code	O
13.	Health Insurance Carrier Electronic Data Interchange Batch Indicator Code	O
14.	Health Insurance Carrier Electronic Data Interchange Batch Remark Text	O
15.	Health Insurance Carrier Electronic Data Interchange Clearinghouse Indicator Code	O
16.	Health Insurance Carrier Electronic Data Interchange Clearinghouse Remark Text	O
17.	Health Insurance Carrier Electronic Data Interchange Interactive Indicator Code	O
18.	Health Insurance Carrier Electronic Data Interchange Interactive Remark Text	O
	SIT Add Acknowledgement	
	Health Insurance Carrier Identifier	
	Health Insurance Carrier Identifier Type Code	
	Health Insurance Carrier Name	

Business Rules	Who Enforces the Rules C=CHCS M=MCSC D=DEERS
The Standard Insurance Table (SIT) is maintained in DEERS by the TMA SIT validation agency. A copy of the SIT is maintained locally by user sites. There are several actions that can be taken: an inquiry to verify a carrier for assignment of an OHI policy to a patient, an update to SIT information for validation by the DoD SIT validation agency, and the cancellation of an update sent to the SIT for validation by the SIT agency.	
Submission of all carrier information in the add transaction will assist the rapid validation of the SIT by the DoD SIT validation agency.	
Add	C,M,D
	C,M,D
Required to add a new Carrier to the SIT.	C,M,D
Required to add a new Carrier to the SIT.	C,M,D
Required to add a new Carrier to the SIT.	C,M,D
Required to add a new Carrier to the SIT, if the Carrier is in the US.	C,M,D
Required to add a new Carrier to the SIT, if the Carrier is in the US.	C,M,D
Required to add a new Carrier to the SIT, if the Carrier is in the US.	C,M,D
Required to add a new Carrier to the SIT.	C,M,D
Required to add a new Carrier to the SIT.	C,M,D
Sent if it is part of the data being added for a Carrier in the SIT.	C,M
Sent if it is part of the data being added for a Carrier in the SIT.	C,M
Sent if it is part of the data being added for a Carrier in the SIT.	C,M
Sent if it is part of the data being added for a Carrier in the SIT.	C,M
Sent if it is part of the data being added for a Carrier in the SIT.	C,M
Sent if it is part of the data being added for a Carrier in the SIT.	C,M
Sent if it is part of the data being added for a Carrier in the SIT.	C,M
Sent if it is part of the data being added for a Carrier in the SIT.	C,M
	D
	D
	D

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required	Business Rules
			The Standard Insurance Table (SIT) is maintained in DEERS by the TMA SIT validation agency. A copy of the SIT is maintained locally by user sites. There are several actions th can be taken: an inquiry to verify a carrier for assignment of an OHI policy to a patient, an update to SIT information for validation by the DoD SIT validation agency, and the cancellation of an update sent to the SIT for validation by the SIT agency.
			Submission of all carrier information in the update transaction will assist the rapid validation of the SIT by the DoD SIT validation agency.
	SIT Update		
	SIT Identifying Information:		
1.	Health Insurance Carrier Identifier	R	A. Required if carrier has been validated by the TMA SIT agency. B. Carrier ID is obtained from an inquiry to the local SIT - if the Carrier is not resident on the SIT DEERS will provide the DEERS Temporary Carrier ID.
2.	Health Insurance Carrier Identifier Type Code	R	
	SIT Information:		
3.	SIT Update Type Code	R	Update
4.	Health Insurance Carrier Name	R	
5.	Health Insurance Carrier Mailing Address Line 1 Text	S	Sent if it is part of the data being updated for a Carrier in the SIT.
6.	Health Insurance Carrier Mailing Address Line 2 Text	S	Sent if it is part of the data being updated for a Carrier in the SIT.
7.	Health Insurance Carrier Mailing Address City Name	S	Sent if it is part of the data being updated for a Carrier in the SIT.
8.	Health Insurance Carrier Mailing Address US Postal Region State Code	S	Sent if it is part of the data being updated for a Carrier in the SIT.
9.	Health Insurance Carrier Mailing Address US Postal Region ZIP Code	S	Sent if it is part of the data being updated for a Carrier in the SIT.

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required	Business Rules
10.	Health Insurance Carrier Mailing Address US Postal Region ZIP Extension Code	O	Sent if it is part of the data being updated for a Carrier in the SIT.
11.	Health Insurance Carrier Mailing Address Country Code	S	Sent if it is part of the data being updated for a Carrier in the SIT.
12.	Health Insurance Carrier Telephone Number 1 Code	S	Sent if it is part of the data being updated for a Carrier in the SIT.
13.	Health Insurance Carrier Telephone Number 2 Code	S	Sent if it is part of the data being updated for a Carrier in the SIT.
14.	Health Insurance Carrier Fax Telephone Number Code	S	Sent if it is part of the data being updated for a Carrier in the SIT.
15.	Health Insurance Carrier Electronic Data Interchange Batch Indicator Code	O	Sent if it is part of the data being updated for a Carrier in the SIT.
16.	Health Insurance Carrier Electronic Data Interchange Batch Remark Text	O	Sent if it is part of the data being updated for a Carrier in the SIT.
17.	Health Insurance Carrier Electronic Data Interchange Clearinghouse Indicator Code	O	Sent if it is part of the data being updated for a Carrier in the SIT.
18.	Health Insurance Carrier Electronic Data Interchange Clearinghouse Remark Text	O	Sent if it is part of the data being updated for a Carrier in the SIT.
19.	Health Insurance Carrier Electronic Data Interchange Interactive Indicator Code	O	Sent if it is part of the data being updated for a Carrier in the SIT.
20.	Health Insurance Carrier Electronic Data Interchange Interactive Remark Text	O	Sent if it is part of the data being updated for a Carrier in the SIT.

Who Enforces the Rules C=CHCS M=MCSC D=DEERS
C,M,D
C,M,D
D
C,M,D
C,M,D
C,M,D
C,M,D
C,M,D
C,M,D

Who Enforces the Rules
C=CHCS
M=MCSC
D=DEERS
C,M,D
C,M,D
C,M,D
C,M,D
C,M,D
C,M
C,M
C,M
C,M
C,M
C,M

	Event and Data Flow	Data Type 0=Optional S=Situational R=Required	Business Rules
			A SIT Cancellation can only be performed prior to the verification of the Health Insurance Carrier by the TMA SIT Validation Agency. Only the system that submitted the SIT add or update may cancel that transaction.
	SIT Cancellation		
	SIT Information:		
1.	SIT Update Type Code	R	Cancel
2.	Health Insurance Carrier Identifier	R	Required to identify the SIT add or update being cancelled. Validated wi the Standard Insurance Table (SIT)
3.	Health Insurance Carrier Identifier Type Code	R	Required to identify the SIT add or update being cancelled. Validated wi the Standard Insurance Table (SIT)
4.	Health Insurance Carrier Name	R	Required to identify the SIT add or update being cancelled. Validated wi the Standard Insurance Table (SIT)